

USA v. Jenkins, 3:23-cr-11, 11/22/2024

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
CHARLOTTESVILLE DIVISION

UNITED STATES OF AMERICA, CRIMINAL CASE NO.: 3:23-CR-11
NOVEMBER 22, 2024, 11:04 A.M.
CHARLOTTESVILLE, VIRGINIA
Plaintiff, BOND HEARING

vs.

SCOTT HOWARD JENKINS, Before:
HONORABLE ROBERT S. BALLOU
UNITED STATES DISTRICT JUDGE
Defendant. WESTERN DISTRICT OF VIRGINIA

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1 (Proceedings commenced, 11:04 a.m.)

2 THE COURT: Good morning, folks.

3 Let's call our case, please.

4 THE CLERK: *United States of America versus Scott*
5 *Howard Jenkins*, Criminal Action Number 3:23-cr-11.

6 THE COURT: All right. Let the record reflect the
7 government is present by its counsel. The defendant likewise
8 is present along with his counsel.

9 Let me kind of recap where we are and where we're
10 going. So we continued the trial from last week. I set this
11 hearing with the request that counsel for the defendant obtain
12 the medical records from Fauquier Health, UVA Health at
13 Culpeper, which were the two emergency rooms where the
14 defendant was seen last week, and also with the family -- the
15 family doctor, Dr. Miller, if I remember correctly. And they
16 did that. They provided those. My days are running together.
17 I want to say it was Tuesday, if I remember correctly,
18 Mr. Andonian. And I have placed those records that were
19 provided, since they were requested by the Court, on the record
20 under seal. Since then, the government has requested a
21 subpoena for records from the same entities. I granted that
22 request, restricted part of the timeline for it. I allowed I
23 think two years of records with respect to Dr. Miller, but I
24 restricted it to the month of November with respect to the
25 emergency room. Those records have been received. The

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1 government has immediately provided those I think both to the
2 Court and also to counsel. Since they weren't requested by the
3 Court, I did not place those on the record. So to the extent
4 there's anything in addition from a medical record standpoint
5 that the government wants to put in, you'll need to do so.

6 The main purpose of today's hearing, at least from my
7 perspective, is I think we're all on the same page. We have a
8 trial that is set to begin on December the 11th to run through
9 the following week, and we all want to see that trial get done.
10 And whether the conditions of bond that are presently in place
11 are sufficient to reasonably assure that Mr. Jenkins can
12 proceed to trial, that trial will not have a negative impact on
13 his health to the extent that it would justify him not being
14 here. And so it's my understanding -- I've talked to
15 probation -- I think Ms. Salazar has seen Mr. Jenkins outside
16 of court and then again today. But he has been taking his
17 medication as well. So that's where we are, at least from the
18 Court's perspective.

19 And so what I want to hear is what are the conditions
20 that are going to make this work, are going to reasonably
21 assure that Mr. Jenkins takes the medication that's prescribed
22 and that he is in a position to be able to be in court, be able
23 to assist in his defense as well. With that, the Court called
24 the hearing, but that's kind of where I think we are. I don't
25 think anyone has any burdens necessarily at this point because

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1 there are no pending motions that have been filed.

2 So from the government's standpoint, where are we?

3 MS. SMITH: Yes, Your Honor. What the government,
4 after speaking with multiple doctors and reviewing the medical
5 records, what we are going to be asking for today is some bond
6 modifications to ensure the defendant's appearance, as you've
7 indicated. We are specifically asking that the defendant be
8 housed at Albemarle County Regional Jail in the medical unit.

9 THE COURT: That's revoking the bond, though, right?

10 MS. SMITH: That is, Your Honor, but I think we are
11 asking for a very limited time. The week prior to trial and
12 throughout the pendency of the trial, we are asking that his
13 bond be revoked and he be housed there to ensure that he is
14 taking his medication and that he's getting proper medical
15 attention.

16 THE COURT: So under 3148, I mean, I can't revoke the
17 bond absent a violation of the condition or absent the pendency
18 of a motion. The way a bond revocation gets to the court is
19 two ways. One is on a petition that the court signs, and the
20 other is on a motion initiated by the government filed with the
21 court. And so there may be other ways.

22 MS. SMITH: And you're right, Your Honor. We didn't
23 want to make that motion absent having an opportunity to speak
24 with these doctors and to have a full understanding of what
25 happened last week. We were not able to complete those

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1 conversations with doctors until late last night. We had
2 multiple conversations with multiple doctors after hours in
3 order to get this information. And so this wasn't something
4 that we took lightly, and we weren't prepared to make that
5 motion until today after having that information. But in
6 support of the oral motion we're making at this time, we have
7 numerous witnesses we'd like to have appear before Your Honor
8 either via Zoom or in person, and we have some evidence we
9 would like to show the Court in support of that.

10 THE COURT: And I'm going to want to hear from those
11 as well.

12 All right. And so before we do that, Mr. Andonian,
13 what's the defendant's position with respect to whether any
14 conditions need to be modified?

15 MR. ANDONIAN: Your Honor, it's our position that no
16 conditions need to be modified. I think Your Honor accurately
17 recapped where we were, but I think there's a couple of
18 important factors. I'm happy to get into them now or I'm happy
19 to wait. Mr. Jenkins is here. He was here at the last
20 proceeding before we adjourned. He was excused from the
21 proceeding before that. He wasn't here on the 12th.

22 THE COURT: Well, he excused himself. I didn't
23 excuse him on the 13th. He excused himself because he went to
24 the ER, even though he never went in.

25 MR. ANDONIAN: Oh, I -- I think I mentioned this last

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1 time -- I thought I read from your email that you had excused
2 his presence. In any event, I'm not --

3 THE COURT: I'd have to go back and look at the
4 email.

5 MR. ANDONIAN: The point being, I think what my
6 understanding of what we were trying to do by setting the
7 hearing today is give Mr. Jenkins an opportunity to follow the
8 treatment protocol that his primary care physician put into
9 place, which included medication both to reduce blood pressure
10 and stress and anxiety, one of which took a little bit of time
11 to kick in, as opposed to some of the medications that might
12 work more quickly, and to get Mr. Jenkins in a stable position
13 where he wasn't prior to the first trial call.

14 We're only a week into it. As Your Honor noted,
15 Mr. Jenkins is taking his medications. He has a follow-up
16 appointment with his primary care on the 26th. Presumably any
17 adjustments that need to be made, if any, will be made at that
18 point in time.

19 Our position is he is managing the symptoms the best
20 way that he can by his doctor's orders. He is here in court
21 today. He will be here in court when we start trial, you know,
22 absent something acute that happens. But that's -- that's not
23 going to -- regardless of where he is, that isn't -- if there's
24 a medical emergency, there's a medical emergency. Presumably
25 he's going to be treated accordingly, regardless of where he

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1 is.

2 So we're asking that the Court simply allow
3 Mr. Jenkins to continue the treatment protocol that he is just
4 halfway through right now, just a week into, and with the
5 understanding -- with the understanding that he needs to be
6 here on December 11th, and that's when we're starting, and he
7 needs to continue to take his medication. We have no problem
8 with that being a condition; to the extent it's not already,
9 that he continue to follow his primary care physician's
10 directives, including taking all medications, and obviously
11 that he appear here for the trial hearing.

12 THE COURT: Okay. All right. Ms. Smith, why don't
13 we go ahead and put on whatever evidence you like, and then
14 we'll go from there.

15 MS. SMITH: Great. And Your Honor, if I could just
16 give you a roadmap of who we're anticipating testifying today.

17 THE COURT: Okay.

18 MS. SMITH: We have FBI Special Agent Andrew Clouser.
19 Appearing via Zoom will be Dr. John Doran from Fauquier County.
20 Also appearing via Zoom is Dr. Brooke Miller. We have
21 probation officer Mariana Salazar in person, and then we also
22 have in person Dr. Will Goodrich, who is from UVA Culpeper
23 Hospital.

24 We will also be entering into evidence the pretrial
25 report which was found at ECF Number 32, as well as the U.S.

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1 marshal's form at Government's Exhibit 5.

2 And I do additionally anticipate proffering for the
3 Court some information regarding that USM130 Government's
4 Exhibit 5, as well as some information from Rachel Gaddis, who
5 is the ACRJ medical director. And I can proffer for the Court
6 what she would testify to.

7 THE COURT: I was going to say, let's go ahead and
8 let's get the medical folks done so they can get back to their
9 day.

10 With respect to especially the ER docs -- I don't
11 want to completely hijack your examination -- I have read the
12 medical records. And so I don't need them to -- unless
13 Mr. Andonian wants to have a fully -- I don't need them to go
14 through all of that in great detail, as you would if you were
15 putting someone on in front of the jury. I've read the
16 records. I know the examinations. I know the treatment that
17 was given and I know Mr. Jenkins's condition upon discharge as
18 well.

19 MS. SMITH: Thank you, Your Honor.

20 The government will be calling FBI Special Agent
21 Andrew Clouser as our first witness.

22 THE COURT: Can we get the medical doctors --

23 MS. SMITH: Oh, sure, we can. So we'll do Dr. John
24 Doran, then, Your Honor.

25 THE COURT: Dr. Doran, can you hear us? I'll take

Doran - Direct

1 that as a no.

2 Dr. Doran?

3 THE WITNESS: Yes.

4 THE COURT: Can you hear us just fine?

5 THE WITNESS: Say that again.

6 THE COURT: Can you hear us just fine?

7 THE WITNESS: Yes.

8 THE COURT: All right. Very well. So let me get you
9 sworn, if you would, please. Raise your right hand.

10 JOHN DORAN, M.D., CALLED BY THE GOVERNMENT, SWORN

11 THE COURT: Very well. There's a slight delay. So
12 just be patient as you go back and forth.

13 And Ms. Smith, I think you're going to have to be
14 patient as well. Go right ahead, please.

15 DIRECT EXAMINATION

16 BY MS. SMITH:

17 Q Good morning, Dr. Doran. Can you hear me as well?

18 A Yes.

19 Q Can you please give your name for the record?

20 A John Thomas Doran.

21 Q And how are you employed, sir?

22 A I'm employed as an emergency physician by VEMA at Fauquier
23 Hospital.

24 Q And how long have you been at Fauquier Hospital?

25 A About a year and three months now.

Doran - Direct

1 Q And where were you previously?

2 A Before I worked here, I was up in Buffalo, New York where
3 I was partaking in an EMS fellowship; and before that,
4 emergency medicine residency.

5 THE COURT: And I don't think you need to qualify him
6 like you'd qualify an expert. He's an ER doc. And unless
7 there's an issue, let's get right to --

8 MS. SMITH: That was my next question, Your Honor. I
9 was just trying to set up his experience. Thank you.

10 BY MS. SMITH:

11 Q Were you working the early morning of November 12th, 2024?

12 A Yes.

13 Q And that was at Fauquier County Hospital?

14 A Yes.

15 Q Were you the treating physician for someone by the same of
16 Scott Jenkins?

17 A Yes.

18 Q And prior to your encounter in the emergency room, had you
19 ever encountered Mr. Jenkins before?

20 A No.

21 Q And what were Mr. Jenkins's chief complaints that day?

22 A The chief complaint was for a syncopal episode with a head
23 injury.

24 Q And what is a syncopal episode?

25 A So that is when you lose consciousness or you faint.

Doran - Direct

1 Q And when you made contact with Mr. Jenkins, what were your
2 impressions about him generally?

3 A So he was lying in the hospital bed when I first saw him.
4 He seemed tired. But outside of that, he did not appear to be
5 in any acute distress.

6 Q And what is acute distress? What does that mean?

7 A So typically somebody who is showing outward signs of pain
8 or respiratory distress or having issues along those lines,
9 altered mental status.

10 Q And you did not see any of that in Mr. Jenkins that day?

11 A No.

12 Q And in the medical records from Fauquier County, it
13 mentions that he was not on any medications for high blood
14 pressure.

15 Did you have a conversation about high blood pressure with
16 Mr. Jenkins on that date?

17 A I did, yes. His first set of vital signs showed a very
18 high blood pressure, and so I spoke with him about that, and
19 then asked him if he was on medications for it. Sometimes
20 people's blood pressures are very high in the morning when they
21 haven't taken their medications yet. But when I asked him
22 about that, he said that he was not currently on any kind of
23 antihypertensive medicines.

24 Q Did he make any statements about whether he had a history
25 of high blood pressure?

Doran - Direct

1 A He told me that his doctor told him his blood pressure
2 numbers were high, but he was not currently taking any
3 medicines for it.

4 Q Did he make any statements to you about whether he had
5 ever been on blood pressure medication?

6 A Not if he had ever been on it, but he did tell me that it
7 was just being followed by his primary doctor.

8 Q If he had a history of high blood pressure, would that be
9 something important for your treatment?

10 A Yes.

11 Q And why would that be important information to have?

12 A It's a risk factor for cardiac disease, you know, heart
13 attacks and things like that, put him at a risk for stroke.
14 And if he was on medications for his high blood pressure, we
15 could have gotten him those to try and get that blood pressure
16 number closer to normal.

17 Q And when his blood pressure was taken when he first got to
18 the hospital, it was 206/122. You mentioned that was high.
19 But you don't have any information about what his blood
20 pressure normally is; is that correct?

21 A Correct.

22 Q Now, you also did additional testing beyond just kind of
23 monitoring his blood pressure.

24 What generally did -- additional testing did you do?

25 A So the concern was if he had a syncopal episode and came

Doran - Direct

1 in with severely high blood pressure, the worry would be for
2 either some type of cardiac event -- and so there was EKG,
3 blood work, chest X-ray performed in regards to that -- and
4 also the concerns for either a spontaneous intracranial
5 hemorrhage like an aneurysmal burst with very high blood
6 pressure causing changes leading to him passing out, or also a
7 traumatic -- because if he passed out and then hit his head
8 during the fall from it, if he had any intracranial hemorrhage
9 or skull fracture injuries like that from the head injuries.
10 So a CT scan of his head was obtained.

11 Q So you did a pretty extensive workup for him?

12 A Yes.

13 Q Would you also do that type of workup for someone with
14 high blood pressure?

15 A For somebody who has high blood pressure that's well
16 controlled, typically no. Especially if they were on home
17 medications, the first line would have been to give them their
18 home medicines and see if they responded well. But for the
19 instances in which the gentleman presented telling me that he
20 had lost consciousness, struck his head, was experiencing chest
21 pain and a headache, the workup was warranted.

22 Q And for those symptoms he was describing and what had
23 occurred -- him falling, hitting his head and having chest
24 pains -- was that information that he reported to you or
25 someone else did?

Doran - Direct

1 A That was information provided by the patient.

2 Q And he was the only individual that was present when he
3 fell and hit his head?

4 A To my knowledge, that's what was described to me. His
5 wife was present in the emergency department as well, but I did
6 not specifically ask if she witnessed the event.

7 Q Did you observe any external evidence of head trauma?

8 A Not that I appreciated on physical exam.

9 Q And what were the results of all these tests that you did?

10 A So the CT imaging did not show any intracranial injuries
11 or skull fracture, facial injuries that were seen on the parts
12 of the CT that were obtained. And then the laboratory work,
13 EKG, the rest of the workup was all reassuring without any
14 major findings that warranted hospitalization or emergent
15 intervention.

16 Q So it all seemed to be normal; is that correct?

17 A Yes.

18 Q And in your records you mention that his blood pressure
19 responded well to Labetalol. I'm probably pronouncing that
20 wrong. It's L-A-B-E-T-A-L-O-L.

21 What is that?

22 A So Labetalol is a beta blocker medicine. And the form
23 that he received was an IV dose that was meant to lower his
24 blood pressure.

25 Q And did it?

Doran - Direct

1 A It did, yes.

2 Q And generally how long does it take blood pressure
3 medication to work?

4 A IV forms of the medicine can work much faster than oral.
5 And so he responded fairly quickly to the IV medicine that was
6 given, as suspected. Oral medications can take an hour or so.

7 Q You said it takes an hour -- one hour?

8 A About, yes, roughly.

9 Q So do blood pressure medications take weeks to take
10 effect, or just the same day you take it you should see --

11 A The same day you take it.

12 Q So based on the high blood pressure which you were able to
13 get under control with an IV medication and the clean results
14 from the testing, what did you decide to do?

15 A So it was appropriate for him to be discharged home. I
16 asked him about his situation with his primary care doctor.
17 Sometimes people are able to follow up either the same day or
18 in the next couple of days. And so I direct them to see their
19 primary doctor to get started on high blood pressure medicines,
20 or to at least have their blood pressure rechecked to make sure
21 it is normal again. Sometimes in high stress or pain, those
22 numbers can be high. But in his instance he told me he did not
23 feel he would be able to see them in the next few days. And so
24 I gave him a prescription for lisinopril to try and manage his
25 blood pressure.

Doran - Direct

1 Q You said you gave him a prescription for lisinopril; is
2 that right?

3 A Yes.

4 Q And how long was that? That was a 30-day regimen?

5 A A 30-day, yes. That would give him several weeks to
6 follow up with his doctor.

7 Q So did you tell him to follow up with his doctor in the
8 next several weeks?

9 A Yes. I told him to call and schedule an appointment as
10 soon as possible.

11 Q At any point in your discharge instructions to Mr. Jenkins
12 did you tell him that he needed to see his primary care
13 physician right away or that day?

14 A No. And he told me he did not feel he would be able to do
15 that, which is why I gave him a prescription.

16 Q If he was able to see his primary care physician that day,
17 would you have given him the prescription that you gave him?

18 A No.

19 Q That's your standard practice to only give that
20 prescription if someone can't see their primary care physician?

21 A Yes, from the emergency department, yes.

22 Q What other discharge instructions did you give
23 Mr. Jenkins?

24 A I gave him instructions for monitoring his blood pressure
25 at home so that he can trend that and provide the values to his

Doran - Direct

1 primary doctor so that can help with managing his blood
2 pressures appropriately, and then standard return precautions
3 to the emergency department if he had any worsening condition
4 or severe signs such as chest pain and another syncopal
5 episode, things like that.

6 Q You said you gave him instructions when to return. You
7 said it was if he had another syncopal -- or fainted again or
8 chest pains.

9 Were there any other conditions in which you told him to
10 come back to the emergency room?

11 A Beyond that, it would be listed in the discharge
12 instructions, but off the top of my head, I could not recall.

13 Q And you concluded there was no need for admission to the
14 hospital that morning.

15 Was he discharged around 11 a.m.?

16 A It would be -- the specific time would be in the
17 documentation. But from what I can recall, yes, it was around
18 that time.

19 Q What observations did you have of his condition upon
20 discharge?

21 A So the last that I saw him was in the room. He was still
22 laying in the bed. Again, he didn't appear to be in any acute
23 distress. I did not see him actually walk out of the emergency
24 department or leave the building.

25 Q But there was nothing that would concern you as a doctor

Doran - Direct

1 that you observed when he was discharged?

2 A Correct.

3 Q Are there any issues with cognitive abilities or the
4 ability to participate meaningfully in any sort of proceeding
5 when someone has high blood pressure?

6 A Not that I observed during my time with the patient.

7 Q So at no time during that emergency room visit on November
8 12th did you see any issues with his cognitive abilities and
9 functioning?

10 A I did not.

11 Q Did you give him any discharge instructions about whether
12 or not he should modify his day-to-day activities?

13 A I did not.

14 Q So he was free to go about the rest of his day and resume
15 normal activities?

16 A Yes.

17 MS. SMITH: Your Honor, if I could just have one
18 moment to confer.

19 THE COURT: Yes, ma'am.

20 MS. SMITH: And Your Honor, I was planning on moving
21 into evidence the Fauquier medical records as Government
22 Exhibit Number 1. We don't have a way to easily show it --
23 excuse me, 2. We don't have an easy way to show it to
24 Dr. Doran, but they're what we received in the subpoena.

25 THE COURT: So you're moving in all the records?

Doran - Cross

1 MS. SMITH: Say that again.

2 THE COURT: You're moving in all the records?

3 MS. SMITH: The Fauquier County records as
4 Government's Exhibit 2.

5 THE COURT: All of them you received in the subpoena,
6 which I think was about 42 pages; is that right?

7 MS. SMITH: It's 12 pages, Your Honor.

8 THE COURT: So it's not the entire subpoena?

9 MS. SMITH: Correct, just 12 pages.

10 THE COURT: This was his treatment notes and
11 discharge summary?

12 MS. SMITH: Correct, Your Honor.

13 THE COURT: No objection, Mr. Andonian?

14 MR. ANDONIAN: No, Your Honor.

15 MS. SMITH: Usually I would show it to him, but it's
16 difficult with Zoom.

17 THE COURT: That's fine. So we'll admit those and
18 they'll be -- since they have personal identifying information
19 on there, they'll be admitted under seal.

20 MS. SMITH: Thank you, Your Honor.

21 No further questions of this witness at this time.

22 (Government Exhibit 2 marked and admitted.)

23 THE COURT: Mr. Andonian?

24 CROSS-EXAMINATION

25 BY MR. ANDONIAN:

Doran - Cross

1 Q Good morning, Dr. Doran. How are you?

2 A Good morning. Not too bad. Thank you.

3 Q Just a couple of questions. When somebody has a blood
4 pressure reading of 206/122, you would consider that high,
5 right?

6 A Yes.

7 Q And that is independent of what their baseline blood
8 pressure might be at any given point. That is an objective
9 measure. 206/122 is a high reading?

10 A Yes, that's classified as hypertension.

11 Q Okay. Turning back to Mr. Jenkins's report of the
12 syncopal episode, you have no reason -- no medical basis to
13 disbelieve that Mr. Jenkins suffered a syncopal episode,
14 correct?

15 A I did not, no.

16 Q And when a patient reports a syncopal episode, there are
17 certain -- and in conjunction with the blood pressure at the
18 level that it was at, the tests that you performed would be
19 considered medically appropriate to rule certain things out
20 like you said, like heart -- certain heart ailments, stroke,
21 etc.; is that right?

22 A Yes.

23 Q If Mr. Jenkins had been able to get an appointment with
24 his primary care physician on that same day, there would be
25 nothing inappropriate or medically wrong with him doing that,

Doran - Cross

1 right?

2 A No. For some patients who have that capability, that
3 would be standard practice to be discharged from the hospital
4 to go to their primary office.

5 Q Right. So it would actually be ideal if he were able to
6 make that happen?

7 A If possible, yes.

8 MR. ANDONIAN: Court's brief indulgence.

9 THE COURT: Yes, sir.

10 MR. ANDONIAN: I don't have anything further. Thank
11 you, Doctor.

12 THE COURT: Any redirect?

13 MS. SMITH: Nothing further, Your Honor.

14 THE COURT: So Dr. Doran, thank you very much for
15 being on today. You are free to go. I appreciate your time,
16 and I hope you have a nice holiday. Thank you.

17 THE WITNESS: Thank you. You as well.

18 THE COURT: Call your next witness, please.

19 MS. PENG: We call Dr. Miller, please, also on Zoom.

20 THE COURT: Dr. Miller, can you hear us just fine?

21 Can you hear us, Dr. Miller?

22 I don't know whether he hasn't connected to audio.

23 Do you all have a cell phone you can text him to make sure he
24 connects to audio?

25 MS. PENG: Yes, we do.

Miller - Direct

1 THE COURT: Dr. Miller, if I can get you to raise
2 your right hand, I'll get you sworn in, please.

3 DAVID BROOKE MILLER, M.D., CALLED BY THE GOVERNMENT, SWORN

4 THE COURT: Go ahead, please, Ms. Peng.

5 MS. PENG: Thank you.

6 DIRECT EXAMINATION

7 BY MS. PENG:

8 Q Dr. Miller, would you just state your name for the record,
9 please?

10 A David Brooke Miller.

11 Q Briefly speaking, could you run through your medical
12 history -- I mean, not your medical history, your practice of
13 medicine, please?

14 A Yeah, I graduated from University of Virginia in 1986;
15 went on to a residency, MCV Chippenham Hospital, and graduated
16 from a family practice residency in 1989. I'm a board
17 certified family physician for almost 40 years. I have
18 practiced in emergency medicine for six years and in family
19 medicine for -- my total practice of medicine has been 38
20 years. So 32 years in family medicine and six years in
21 emergency medicine.

22 Q Are you currently certified in emergency medicine?

23 A No, ma'am.

24 Q Now, you said you spent about six years in the emergency
25 room, and then I think the rest of your career as a family

Miller - Direct

1 doctor; is that right?

2 A Correct.

3 Q Would you say -- would you agree with me that there are
4 differences between what an ER doctor looks for and a family
5 physician?

6 A No.

7 Q You think that they look for identical things?

8 A I see identical things. I as a physician look for
9 everything that an ER doctor looks for.

10 Q Would you agree with me that an ER doctor may be focused
11 on immediate life-threatening conditions, whereas a family
12 doctor such as yourself are looking to the long-term welfare of
13 a particular patient?

14 A No. I'm looking at both.

15 Q You're looking at potentially -- I'm talking about an ER
16 doctor, though. Would an ER doctor be interested --

17 A I'm talking about myself as a physician. It's my duty as
18 a physician to take care of the patient in front of me, both
19 long-term and immediate.

20 Q So you would not agree with me that an ER doctor may be
21 potentially looking for different things than all the things
22 that you would look for as a family physician?

23 A I don't understand your question. I'm looking for
24 everything that I think could be possibly wrong with the
25 patient.

Miller - Direct

1 Q So you just disagree with me on that? It's a yes or no.

2 A Yes, I do. I disagree with you.

3 Q So let me talk to you about Mr. Jenkins. So Mr. Jenkins
4 saw you for a total of three visits; is that right?

5 A That is correct.

6 Q And those visits started in July of 2024?

7 A That is correct.

8 Q And so the first time you had seen Mr. Jenkins is in July
9 of 2024?

10 A Yes.

11 Q And at the time of that visit, did you have access to his
12 prior medical history?

13 A I took his medical history from the patient itself, which
14 is what we normally do. I did not have copies of previous
15 medical records from other physicians or facilities.

16 Q Understood. And at the time when you were taking his
17 medical history, did he report to you that he had hypertension
18 in the past?

19 A You'd have to refer to the medical record. I don't have
20 independent recollection of that right now.

21 Q Do you have those medical records in front of you that you
22 could review right now?

23 If I were to represent to you that it wasn't documented
24 that he had hypertension in his history, would you take that to
25 mean that he didn't report that?

Miller - Direct

1 A Yes.

2 Q Okay. So he did not report to you, then, a history of
3 hypertension when he saw you in July of 2024?

4 A Okay.

5 Q Is that a yes?

6 A Yes.

7 Q Okay. And so I assume that it's also true, then, he also
8 did not report taking medication for hypertension in the past
9 when he saw you in July of 2024?

10 A Yes.

11 Q And so, if -- you know, assuming that he, in fact, did
12 have a history prior to seeing you, then, of hypertension and
13 took medication for that, is that something you would have
14 liked to have known in your evaluation of him as his family
15 doctor during that visit?

16 A Yes.

17 Q And would that have changed anything in your assessment of
18 him during that visit?

19 A No, because his blood pressure was normal at the time of
20 his visit.

21 Q But I think it was in the high range, though, right; still
22 within normal, but on the high side?

23 A His blood pressure was normal. 132/80 is considered a
24 normal blood pressure.

25 Q But you would have liked to have known if he had a history

Miller - Direct

1 of high blood pressure, though, at the time?

2 A I suspected he may certainly have had a history of
3 hypertension with all of his medical problems, but it would
4 have been something good to know if he did have it. But it
5 wouldn't have changed how I treated him on the day of his
6 visit. I wouldn't have put him on antihypertensive medication
7 with a normal blood pressure.

8 Q Understood. But he didn't report that to you, right?

9 A Yes.

10 Q Okay. So I'm just looking at your notes from that day and
11 the plan that you put him on after that particular visit. And
12 I think it says that you strongly recommended diet and
13 lifestyle changes and certain prescriptions, correct?

14 A Yes. Correct. There were I think -- let's see. Let me
15 see what we -- I don't think we put him on any new
16 prescriptions. We suggested some dietary supplements that were
17 over the counter.

18 Q Let me -- so first of all, why did you strongly
19 recommend -- I think there are a series of things you
20 recommended that you call lifestyle changes.

21 Why did you make those recommendations?

22 A Because he's at high risk of cardiovascular disease.

23 Q Anything else?

24 A No. I recommended that he change his diet and lifestyle
25 to reverse what I suspected was severe metabolic dysfunction

Miller - Direct

1 and increased risk of cardiovascular disease.

2 Q So it's fair to say you made those recommendations because
3 based on what you observed and his vitals that day, you were
4 concerned that he was at higher risk of various cardiovascular
5 diseases?

6 A Yes, ma'am.

7 Q Would that have included stroke?

8 A Certainly.

9 Q What about a heart attack?

10 A Yes.

11 Q And were you concerned if Mr. Jenkins did not follow the
12 recommendations or the changes to his lifestyle that you made
13 that day, that his risk for those things would increase even
14 further?

15 A Over time, yes, ma'am.

16 Q And I just want to go through a couple of things that you
17 prescribed for him that day. It looks like Berberine, Lithium
18 Orotate and Vitamin D3.

19 Could you just very briefly discuss why you prescribed
20 those particular medications?

21 A Berberine is an all-natural supplement. There have been
22 numerous studies in the literature, including Nature Medicine,
23 that compared it to usual care in people with atherosclerosis.
24 Atherosclerosis is plaque buildup in arteries. They studied a
25 group of patients for four months -- in men 65 and above for

Miller - Direct

1 four months who took Berberine, 500 milligrams twice daily,
2 versus usual care. The usual care group the plaque buildup
3 increased by 1 percent over those four months. And the people
4 that took Berberine, it regressed by 4 percent. So that was
5 pretty much clearcut that this helps reduce cardiovascular
6 disease. It's also known to help lose weight and also with
7 blood sugar metabolism.

8 Lithium Orotate -- the patient was also thinking that he
9 may have long COVID or a COVID vaccine injury. Lithium Orotate
10 is a natural supplement. In very low doses, there is research
11 to show that it helps reverse brain fog in vaccine injury, and
12 also helps prevention of the progression to Alzheimer's
13 disease, which people with Type II diabetes are at high risk
14 for.

15 Q Do any of those also have the effect of potentially
16 lowering blood pressure, if taken?

17 A Not that I know of.

18 Q All right. So the next time you saw him -- oh, actually,
19 let me just ask about this. You also diagnose him from the
20 July visit of stress, correct?

21 A Yes, ma'am.

22 Q And is that based on what Mr. Jenkins reported to you at
23 the time?

24 A Yes, it is.

25 Q And so is it fair to say if a patient comes to you and

Miller - Direct

1 reports stress, that they might get a stress diagnosis from
2 you?

3 A Yes.

4 Q Now, let's go to the August 2024 visit. Do you have that
5 note in front of you, Doctor?

6 A I am pulling it up.

7 Q So that's about a little over a month after the last
8 visit. I just want to point you to your notes that day. It
9 looks like you observed that he didn't actually take any of
10 your recommendations in terms of lifestyle changes?

11 A He reported that he had not made any of those changes,
12 yes, ma'am.

13 Q And in fact, he didn't take any of the supplements or
14 other medicines that you recommended he take from the last
15 visit; is that right?

16 A Let me just read my note, but I would assume that's what
17 it was. Let me see. I'm not sure. Does it say somewhere in
18 the medical record that he didn't take Berberine or Lithium
19 Orotate?

20 Q It looks like you prescribed those same substances in the
21 same amount as the one you did in July?

22 A Okay. Well, that would be a good assumption, then, that
23 he did not take either one of those supplements.

24 Q So is it fair to say that, in essence, in the August visit
25 your recommended plan for him was exactly the same as the plan

Miller - Direct

1 you recommended in July?

2 A It's not exactly the same. We also wanted to help him
3 start with his weight loss journey by prescribing Ozempic.

4 Q With that exception, your recommendations stayed the same?

5 A Yes, ma'am.

6 Q And so it's also fair to say that as of the August 2024
7 visit, your prior concerns about a higher risk of stroke,
8 higher risk of heart attack, they were all still there?

9 A Yes, ma'am.

10 Q All right. So now I want to turn you to the third time
11 you saw him, which was November 12th, 2024. And was that the
12 last time you saw Mr. Jenkins?

13 A Yes, ma'am.

14 Q And do you recall how that particular appointment came to
15 be?

16 A I received a phone call from my receptionist on that
17 morning that he had been taken to the emergency department with
18 hypertension and -- after a syncopal episode, which is a
19 pass-out spell. He was evaluated at Fauquier Hospital, and he
20 wanted to see me later that day.

21 Q Do you recall approximately what time that phone call
22 might have been relayed to you?

23 A It would have been before my office hours started at 9
24 a.m., but I can't tell you exactly what time the phone call
25 happened.

Miller - Direct

1 Q And so was he told that -- or did you tell your
2 receptionist to tell him that you were, in fact, available to
3 see him later that same day?

4 A We did see him that day, yes, ma'am.

5 Q All right. So during that visit -- you already referenced
6 this -- was there anything that you observed objectively that
7 would have supported his report of a fall?

8 A No, not objectively. I did not see any obvious injury to
9 the patient.

10 Q Did you have a regular conversation with him? Did he seem
11 cogent during this visit?

12 A I had a regular conversation with him and he was mentally
13 clear.

14 Q Mentally clear, you said?

15 A Yes, ma'am.

16 Q Okay. And so it looks like from that visit when -- at the
17 time he saw you, his blood pressure was 172/92; is that right?

18 A 172/92, that is correct.

19 Q Would you consider that to be a high blood pressure level
20 for someone that is --

21 A That's elevated blood pressure.

22 Q Elevated.

23 And is that the type of blood pressure that would be high
24 enough to warrant you to recommend him to go back to the ER at
25 that point in time?

Miller - Direct

1 A No, ma'am, it was not.

2 Q Why not?

3 A Why would I not recommend him go to the ER at that point
4 in time?

5 Q Right, with a blood pressure of 172/92?

6 A Because typically that's not the range in blood pressure
7 you see that someone is at an increased risk of having an acute
8 cardiovascular event such as a heart attack or stroke. Over
9 long-term that certainly could cause that, but typically the
10 patient is not in danger right at that moment of having a heart
11 attack or stroke.

12 Q And in your opinion, what would be a blood pressure that
13 would warrant a visit to the ER?

14 A 200 to 210 systolic and over 100 diastolic.

15 Q And is that the case regardless of what other
16 characteristics that patient might have?

17 A Everybody is different. So no, there are other
18 characteristics, yes, but everybody is different and we have to
19 treat each person as an individual, not everybody the same. So
20 I hope that answers your question.

21 Q It does. And so it's fair to say that there are certain
22 individuals who could have blood pressure in the 200 to 210
23 range that would not require immediate attention in the ER; is
24 that right?

25 A Well, they require immediate medical attention. Maybe not

Miller - Direct

1 emergency department attention. I see patients in my office
2 with blood pressures over 200, and we work to get it down in
3 the office and make sure that it's coming down before we let
4 them go.

5 Q I see. So you as a primary care physician are equipped to
6 basically treat some condition like that if they present
7 themselves to you?

8 A Yes, ma'am.

9 Q Okay. So let me talk to you about the plan after the
10 November 12th visit. So it looks like he was already
11 prescribed medications from the ER, and then you added some
12 additional medication.

13 Could you just real quick walk us through, starting with
14 the Lisinopril, which is the 10 milligrams prescribed in the
15 ER, what those medications were for?

16 A Okay. Lisinopril, 10 milligrams was prescribed in the
17 emergency room by the emergency room physician. It's an
18 antihypertensive medication that's been around and very safe
19 and effective at helping control blood pressure.

20 Q And how long does it take for that to take effect?

21 A I'm sorry?

22 Q How long does it take to take effect?

23 A Well, I mean, some blood pressure medicines you see some
24 effect after the first pill, but typically for a lot of
25 antihypertensive medications it takes several days to weeks to

Miller - Direct

1 start seeing significant effect from those, yes.

2 Q What about this one in particular, though, the Lisinopril,
3 how long does it take?

4 A I wouldn't expect it to tremendously lower someone's blood
5 pressure within the first several days.

6 Q Okay. What about the next one, the Jardiance, 10
7 milligrams?

8 A Jardiance is a medication we use for Type II diabetes
9 mellitus. It also acts as a diuretic. It reduces glucose
10 reuptake. It lowers blood sugar, but it also has an
11 antihypertensive effect. Again, it would not have an immediate
12 reduction in blood pressure, but over the course of several
13 days to weeks, then it could possibly lower blood pressure. It
14 also has been shown to reduce risk of congestive heart failure
15 and cardiovascular disease.

16 Q And it looks like you added Clonidine, right, twice?

17 A Clonidine is used to lower blood pressure rather rapidly
18 or -- not rapidly, but in a timely fashion within 30 minutes or
19 so after giving blood pressure is above a certain range.

20 Q Is it fair to say that that can take -- be a substitute
21 for an IV medication at the ER, but you would just prescribe it
22 from your office?

23 A You could prescribe that from the office in certain
24 situations if it was not extremely -- like if you had a patient
25 that came in whose blood pressure was 200, 210 in the office,

Miller - Direct

1 you would first try to get their blood pressure down with some
2 Clonidine and see how they respond in your office for about 30
3 minutes.

4 If the blood pressure is exceedingly high, like 230, 240,
5 then that usually requires IV therapy, even though you would
6 start -- depending on what the situation was, if you don't have
7 access to IV medication and monitoring like they do in the
8 emergency department, you would certainly start with the
9 Clonidine and send them to the emergency department.

10 Q I see, but the Clonidine, as opposed to the other
11 medication you were talking about, is a fast-acting medication
12 that you would expect to take effect within 30 minutes?

13 A Yes, ma'am.

14 Q And you prescribed that for Mr. Jenkins, and you
15 instructed him that if his blood pressure went above 170 over
16 100, he was to take this medication?

17 A Yes, ma'am.

18 Q You then you also prescribed Lorazepam?

19 A Lorazepam, yes. I prescribed Lorazepam and Fluoxetine.

20 Q And what is that for?

21 A Fluoxetine is a medication that we use for people with
22 anxiety, depression, and panic disorder, which I feel like this
23 gentleman was suffering from. It is a medicine that's taken
24 daily. It's a long-acting medicine. It's a medicine that
25 takes several weeks to start seeing the significant effects.

Miller - Direct

1 You usually don't start seeing significant effects before two
2 weeks, and maximum effects are at six weeks.

3 The Lorazepam is a short-acting, early-onset medicine in
4 the class of benzodiazepines. It's a sedative, hypnotic, and
5 it can help with panic and anxiety acutely, like within 20
6 minutes. If taken long term, it can be habit forming and
7 addictive. And so we'd like to get something on board to treat
8 the disorder that's not habit forming and addictive, but it
9 takes a little while for that medication to start taking
10 effect. And that's why we use Lorazepam on an as-needed basis
11 or a short-term basis.

12 Q I see. So the short-term basis -- it would take effect in
13 20 minutes, but you add the Fluoxetine for potential long-term
14 management, is that right, for anxiety?

15 A Yes, ma'am.

16 Q And so neither of those medications, though, have anything
17 to do with controlling blood pressure; is that right?

18 A Well, they're not antihypertensive medications, but if you
19 prevent a patient from having anxiety and panic, in my
20 experience if someone is having an anxiety or panic attack and
21 you give them Lorazepam acutely, it will relax them and their
22 blood pressure will come down.

23 Q So is it fair to say that at the end of the visit with him
24 with his prescriptions, you were giving him medications in the
25 short term to control blood pressure and anxiety, and then you

Miller - Direct

1 had sort of more of a long-term plan for him as well?

2 A That is correct.

3 Q All right. So let me ask you about the note in your
4 records where it says, At this point I feel as though he's
5 having an acute stress reaction with elevated blood pressure
6 and syncope. I would like to get his condition stable before I
7 would recommend resuming or starting trial. Please follow up
8 in two weeks. Do you see that?

9 A Unfortunately, my iPad keeps cutting off. I'll just --
10 you just go ahead and read the record and I'm sure it's
11 accurate.

12 Q Okay. The part that I want to focus your attention on is
13 just, "I would like to get his condition stable before I
14 recommend resuming or starting his trial."

15 Do you remember writing that?

16 A Yes, ma'am.

17 Q And so when you say "get his condition stable," what do
18 you mean by that?

19 A Making sure his blood pressure doesn't go up when he
20 starts getting nervous or anxious, and that he has medicines on
21 board that will help prevent those reactions from happening.

22 Q Isn't it true that those medications you prescribed to him
23 for short-term control of those conditions you already gave him
24 on that day?

25 A Can you rephrase that? I didn't quite --

Miller - Direct

1 Q Yeah. When you say you want to make sure that if he
2 experiences another episode again it would be able to be
3 controlled, I mean, the short-term medications we were just
4 discussing, the Clonidine and the Lorazepam, wasn't that the
5 medication you prescribed for short-term control of his
6 condition?

7 A Yes.

8 Q And so was it your expectation that with those
9 prescriptions that, in fact, he did have a way to control his
10 conditions in an emergent situation if they were to occur
11 again?

12 A Are you going to have a doctor in the courtroom with him?

13 Q Well, I mean, isn't the purpose of those medications to
14 bring down his blood pressure if it spikes, and to calm his
15 anxiety in the short term?

16 A Yes, ma'am.

17 Q And is it true also that, you know, in terms of an acute
18 stress reaction, which is what you felt like he had that day,
19 there's no way for you to know in advance whether he's going to
20 experience another acute reaction -- stress reaction?

21 A That is correct. That's why I wanted to get the
22 Fluoxetine on board and make sure he was feeling a lot better
23 and being a lot more stable before we went back to a courtroom
24 in a stressful situation. That was my medical opinion.

25 Q Understood. But you would agree with me, though, you

Miller - Direct

1 know, you can't put a time frame on when you can say with
2 certainty that even with the regimen that you put him on that
3 he would not experience another acute stress episode?

4 A I would agree with that.

5 Q But you would also agree that with the medication that you
6 gave him for the short-term control, that if he did have one,
7 that you would expect that those symptoms would subside within
8 30 minutes or so?

9 A I would hope that they would. I wouldn't say that I would
10 expect they would. I would hope that they would. That was the
11 intended -- that's the intended action to happen, but again,
12 everything -- everything is different. I mean, everything is
13 not like, okay, you do this and this happens; you do this and
14 this happens. Everybody is different and everybody reacts
15 differently. So we couldn't predict that. I will tell you
16 that -- I would say that if he had time to get on the
17 Fluoxetine and adjust it and get it to what I think is an
18 appropriate level, it would be much less likely to have a
19 serious event when put in a stressful situation such as going
20 to court.

21 Q And in terms of the stressful situation because of going
22 to court, your understanding of that comes exclusively from
23 Mr. Jenkins; is that right?

24 A Common sense and Mr. Jenkins, yes.

25 Q As in Mr. Jenkins --

Miller - Direct

1 A Thirty-some years of medical practice and seeing people
2 that have been put in stressful situations and have acute
3 reactions. Everybody that goes into a courtroom is not going
4 to have the same reaction.

5 Q Yes.

6 A Everybody is different.

7 Q Right. But my point is that the -- you only know about
8 the existence of the trial as a potential stressor in
9 Mr. Jenkins's life because he told you that?

10 A Yeah. I mean, it's common knowledge.

11 Q Let me ask you this --

12 A We live in a small community, and his case is common
13 knowledge throughout the community.

14 Q Let me ask you this: Let's say hypothetically some other
15 individual came to see you presenting the exact same symptoms
16 as Mr. Jenkins, and reported that, let's say, he was undergoing
17 a divorce proceeding. That was the source of his stress.

18 How would you have addressed that? Would you have made
19 the same recommendations to that individual as you did for
20 Mr. Jenkins?

21 A Meaning not go through the divorce proceedings?

22 Q Yeah. How would you manage that if they're going to go
23 through the divorce anyway?

24 A I would try to treat the patient and get them stable and
25 get them feeling better just the same way I did Mr. Jenkins.

Miller - Direct

1 Q But you wouldn't be concerned, would you, that the divorce
2 would somehow trigger like an emergency situation such that,
3 you know, your regimen that you prescribed now wouldn't be able
4 to handle it?

5 A Can you rephrase that? I didn't understand what you were
6 asking.

7 Q I'll withdraw the question.

8 But you would treat them the same way, basically, as the
9 regimen that you have Mr. Jenkins on; is that right?

10 A Probably, yes. I mean, it depends on the patient and the
11 situation, but most -- this -- yeah, I would agree with that in
12 general.

13 Q All right. Let's talk about did you give Mr. Jenkins any
14 discharge instructions or post-visit instructions regarding
15 whether or not he should go back to the ER?

16 A No, I did not.

17 Q So you didn't tell him, you know, if his blood pressure
18 goes above 170, he should immediately go back to the ER.

19 A No, I did not. I told him if his blood pressure is above
20 170 he should take a Clonidine, as well as a Lorazepam, and see
21 if his blood pressure came down. If his blood pressure was
22 dangerously high, such as over 200, I would expect him to go
23 back to the emergency room if he had taken those steps that we
24 had discussed in order to get his blood pressure down and his
25 panic and anxiety situation under control.

Miller - Direct

1 Q And when you discharged him, he was in good condition?

2 A Yes, ma'am.

3 Q At some point during the visit did you have a conversation
4 with Mr. Jenkins's attorney?

5 A I spoke with Mr. Jenkins's attorney before he left the
6 office in that most recent November -- you have the date
7 there -- November 12th visit.

8 Q And do you recall generally what you told his attorney
9 about Mr. Jenkins's condition?

10 A I told him he was -- I don't remember my exact words, but
11 I'm sure I told him the exact same thing that I told
12 Mr. Jenkins. He's having a panic and anxiety stress reaction,
13 and that we needed to get it under control before he went back
14 to court.

15 Q Do you recall whether you told his attorney that
16 Mr. Jenkins was at fairly acute risk of heart attack and stroke
17 in that conversation?

18 A I did not say that. I don't think I discussed that with
19 his attorney.

20 Q Now I want to turn your attention to the following day, so
21 November 13th, 2024. After that visit on November 12th, did
22 you ever get a call from Mr. Jenkins or speak to Mr. Jenkins
23 again about his medical condition?

24 A No, I did not.

25 Q As far as you're aware, did anybody at your office ever

Miller - Direct

1 have a conversation or dispense any instructions to Mr. Jenkins
2 after November 12th?

3 A Not to my knowledge.

4 Q And are the people who work for you, like a nurse or
5 staff, would they know to relay any message from a patient to
6 you before they give any instructions that's medical?

7 A Absolutely.

8 Q Why do you say absolutely? Do you have a rule about that
9 in your office?

10 A No, but it's an unwritten rule. I mean, I don't have to
11 have a rule about that. That's just what they do. They
12 don't -- they don't give out medical information. They always
13 ask -- medical advice. They always ask me.

14 Q Now, if Mr. Jenkins had called your office a day later
15 after his visit on November 12th seeking advice on high blood
16 pressure, would somebody at your office have relayed that
17 message to you?

18 A I would certainly hope so. I don't have any reason to
19 believe that they wouldn't have.

20 Q And as a general practice, if there is an injury from a
21 patient like that, would there be a record at your office that
22 they made that call or some advice was given?

23 A Yes, they would put it in the medical record.

24 Q Was there a record of Mr. Jenkins reaching out on November
25 13th or any time after November 12th to your office seeking

Miller - Direct

1 medical advice?

2 A Well, since you asked, I don't think there is, but let me
3 go ahead and look at the medical record. It will take me a
4 moment to get this back up. So hopefully bear with me.

5 THE COURT: I think the record speaks for itself.
6 I'm not aware of anything that's in the record that shows that.
7 You can represent that if that's indeed the case, Ms. Peng.

8 MS. PENG: That's the case based on the records I
9 received, but I'm not sure if the doctor has some other record.

10 THE WITNESS: I want to make sure there was no phone
11 call listed in the medical record. So just let me -- I want to
12 be completely accurate.

13 (Pause.)

14 No, there was no message from November for
15 Mr. Jenkins in the medical record.

16 BY MS. PENG:

17 Q And since you had spoken to his attorney the day prior,
18 were you kind of on alert for anything that would have further
19 happened with Mr. Jenkins?

20 A No. I didn't -- I wasn't -- I was focused on patients.
21 I'm not sure what the question is, but -- what the purpose of
22 the question is, but, I mean, I'm focused on the patients in
23 front of me. I'm not -- I was not set up for -- I was not
24 setting up any follow-up by phone with Mr. Jenkins or anything.
25 He was given an appointment, I believe, to be seen on November

Miller - Direct

1 26.

2 Q Okay. So then to be clear on November 13th, you never
3 advised Mr. Jenkins to go to the ER and wait in the parking
4 lot, did you?

5 A No, ma'am, I did not.

6 Q So just a couple more questions. I appreciate your time.
7 Now I'm going to direct your attention to November 14th,
8 2024. At some point did you get records indicating that
9 Mr. Jenkins went to the ER at UVA on November 14th?

10 A Yes.

11 Q Did Mr. Jenkins notify you of that or did you just receive
12 the records?

13 A No. I think we got notification. I'm not sure. I think
14 I heard it from my receptionist, and I'm not sure how she
15 heard, but my receptionist I think told me that he had gone
16 back to the ER. I don't have a clear memory of what exactly
17 happened there.

18 Q But my question is just that you never spoke to
19 Mr. Jenkins directly about his visit to the ER after that, did
20 you?

21 A No, ma'am, I did not.

22 Q Did he ever contact you or the office about adjusting the
23 medications you had prescribed for him?

24 A No.

25 Q And have you had a chance to review those records?

Miller - Direct

1 A I'm looking at them right now. It's not real complete,
2 but yeah.

3 Q Yeah, they're not -- I don't think you have the complete
4 records.

5 But in any case, let me ask you this: Would it surprise
6 you if the ER doctor from that day concluded that the patient
7 was not having an emergency medical condition at this time?

8 A Well, I think what the doctor was saying was that the
9 patient was not -- did not require hospitalization or further
10 care.

11 Q But my question was: Did it surprise you that that was
12 the conclusion?

13 A Can you show me where that was his impression? His
14 impression when he was discharged was he was not having an
15 emergency medical situation. He was stabilized. The patient I
16 think was given -- according to what I see in the medical
17 record, was given three doses of IV Lopressor. You don't give
18 someone three doses of IV Lopressor when they aren't having
19 some sort of serious medical condition.

20 We also don't perform a CTA of the brain if you don't
21 think there might be something serious --

22 Q Well, my question -- we're going to hear from that doctor.
23 We're going to hear from that doctor. But my question was:
24 Assuming the conclusion that he was not having a medical
25 condition, would that have surprised you, given you having just

Miller - Direct

1 seen him two days prior?

2 A I don't understand your question.

3 Q Okay. That's fine.

4 So last question: So I know you don't have the complete
5 records there, so, you know, you don't have to look at them.
6 But if there was a notation in the ER records that suggested
7 that Mr. Jenkins might have been malingering regarding some of
8 his conditions, would that have changed your assessment of his
9 medical condition?

10 A I would have thought about it, but no, ultimately it
11 wouldn't have changed my opinion. Unless there was some
12 evidence to suggest that his speculation or his questioning or
13 wondering -- I think he said "I'm wondering" -- unless there
14 was some evidence that laid proof to that, no, there's nothing
15 that I've seen that would make me believe that the patient was
16 intentionally harming himself.

17 Q So I think -- let me just ask my question again. If there
18 was a notation in the medical records of a different doctor who
19 saw Mr. Jenkins in the ER that suggested malingering, that
20 would not -- yes-or-no question -- change your opinion or your
21 assessment of his condition; is that right?

22 A Again, that's a difficult question to answer yes or no.

23 Q I think it's a yes-or-no question.

24 THE COURT: Let him answer the question, please.

25 Go ahead, please, Dr. Miller.

Miller - Cross

1 THE WITNESS: If there was something in the medical
2 record that indicated that he could -- something objective
3 indicated that he could be malingering, then yes, it would
4 change my opinion. But if it's just speculation, no, it would
5 not.

6 MS. PENG: Thank you.

7 THE COURT: Thank you very much.

8 All right. Any cross?

9 CROSS-EXAMINATION

10 BY MR. ANDONIAN:

11 Q Good morning, Dr. Miller. How are you?

12 A I'm doing all right.

13 Q Yeah, I know. Fun times, right?

14 A Yeah.

15 Q I just have, I think, two questions. You might have
16 answered these, but I just want to make sure the record is
17 clear about this. If somebody had a blood pressure reading
18 between 200 and 210 over -- anything over 100, you would expect
19 them to get some sort of medical attention right away, right?

20 A Yes, sir, I would.

21 Q Okay. And that could include going to the emergency room
22 at a hospital?

23 A Yes.

24 Q Okay. And then the other thing I wanted to ask you about,
25 the attorney for the government had a lot of questions about

Miller - Cross

1 some of the medications that you prescribed Mr. Jenkins. I
2 want to focus on the Fluoxetine, which you were trying to talk
3 about a couple of times.

4 Fluoxetine I think you described was primarily to manage
5 anxiety; is that right?

6 A It's in a class of medicine called selective serotonin
7 reuptake inhibitors. It has multiple uses -- anxiety,
8 depression, and in his case anxiety and I suspected that he
9 might be having some depression as well with everything that
10 was going on in his life.

11 Q Okay. But one of the benefits of Fluoxetine -- among I'm
12 sure many -- is that if there is a decrease in anxiety or
13 depression, that there could be a corresponding decrease in
14 blood pressure; is that right?

15 A That is correct.

16 Q Okay. And Fluoxetine, unlike some of the other
17 medications you were discussing with government's counsel, it
18 takes -- it's not an immediately effective medication; is that
19 fair to say?

20 A That is correct.

21 Q Okay. And in fact, I think you said anywhere from two to
22 six weeks would be the time that you would expect levels to
23 build to a sufficient degree that you would see the benefit of
24 it; is that right?

25 A Yes, that is correct.

Miller - Cross

1 Q Sorry. I lied. One more question. You do have a nurse
2 in your office; is that correct?

3 A We have a medical assistant and -- we have a medical
4 assistant in my office. My wife is also in the office. She's
5 a registered nurse and also a certified family nurse
6 practitioner.

7 Q Okay. And those two individuals do field phone calls from
8 patients; is that right?

9 A I'm sorry, the connection was bad. What did you say?

10 Q Oh, I'm sorry. Your wife and the medical assistant, they
11 do at times take phone calls from patients; is that correct?

12 A The medical assistant and the receptionist do. They're
13 all trained to take phone calls from patients and relay those
14 to me in an appropriate manner.

15 Q Very well. Okay. Sorry, Doctor. I may have --

16 (Pause.)

17 A Are you still there?

18 Q I am. I'm sorry. I'm looking at a note from my
19 colleague. Give me one second.

20 A All right. I heard silence and I didn't know what was
21 going on.

22 Q Your receptionist's name is Michelle; is that correct?

23 A Michelle is our receptionist. That is correct.

24 Q Okay. And I don't know if you can remember this, but on
25 November the 13th -- so the day after you saw Mr. Jenkins --

Miller - Examination by the Court

1 you were out of the office at that time; is that right?

2 A What day of the week was that?

3 Q Wednesday. I think the 13th was a Wednesday.

4 THE COURT: It was a Wednesday.

5 Q It's my son's birthday, so I should probably know that.

6 A Yeah, I was out of the office because our cattle sale was
7 on Saturday and I was out in preparation for that.

8 MR. ANDONIAN: Thank you. I don't have anything
9 further. Thanks, Dr. Miller.

10 THE COURT: Dr. Miller, I've got a couple of
11 questions and then there may be some follow-up by the
12 government. First of all, thank you very much for being on
13 today and sharing your thoughts with us.

14 So I guess for someone such as Mr. Jenkins, when you
15 saw him on the 12th, your short-term goals for him are to get
16 his blood pressure under control and to try to get his anxiety
17 under control; is that fair to say?

18 THE WITNESS: Yes, sir.

19 THE COURT: And to place him on appropriate
20 medications that would then monitor that blood pressure going
21 forward -- not monitor, but control his blood pressure going
22 forward, correct?

23 THE WITNESS: Yes.

24 THE COURT: And to control any level of anxiety that
25 he may have as a result of reactions to stress and other life

Miller - Examination by the Court

1 events; fair to say as well?

2 THE WITNESS: Yes, sir.

3 THE COURT: And I take it that you let all your
4 patients know, including Mr. Jenkins, that if they're having
5 any ongoing problems, to return to you if appropriate or to the
6 ER if appropriate, right?

7 THE WITNESS: Correct.

8 THE COURT: And he hasn't reached back out to you,
9 correct?

10 THE WITNESS: I'm sorry, again, we have a bad
11 connection and I didn't understand that last statement.

12 THE COURT: I'm so sorry. But he has not otherwise
13 reached back out to you since the 12th that your records show?

14 THE WITNESS: Not that I -- no, he has not.

15 THE COURT: But you're going to see him next Tuesday
16 to see where he is at that point in time?

17 THE WITNESS: Yeah. My thought process is to give
18 the medication some time to work to see how he's doing and
19 reevaluate.

20 THE COURT: And what's important, to make sure I
21 understand it, with respect to these medications, is not just
22 that they're prescribed, but that they're taken, correct?

23 THE WITNESS: That's always important.

24 THE COURT: Kind of an obvious question, right?

25 But what's also important is that they're taking --

Miller - Examination by the Court

1 they're taken as prescribed on the schedule as prescribed,
2 correct?

3 THE WITNESS: Yes, sir.

4 THE COURT: And would you expect that if -- because
5 Fluoxetine is a long-acting antianxiety medication, correct?

6 THE WITNESS: Yes.

7 THE COURT: And if you take that as prescribed, that
8 that's going to be able to control -- your expectation is it
9 would control any anxiety as a result of life's stresses?

10 THE WITNESS: Yes.

11 THE COURT: All right. Had it been -- in looking at
12 your records, it appeared as though Mr. Jenkins was not always
13 compliant with your directions with respect to taking his
14 medications as prescribed or otherwise following your medical
15 advice, correct?

16 THE WITNESS: Yes.

17 THE COURT: All right.

18 THE WITNESS: That's not unusual. Unfortunately,
19 that's not unusual.

20 THE COURT: That's the way chronic conditions persist
21 frequently, correct?

22 THE WITNESS: Uh-huh.

23 THE COURT: So our goal is to be able to get this
24 trial taken care of. How do we assure -- how do we make sure
25 that someone such as Mr. Jenkins takes his medications as

Miller - Redirect

1 prescribed so they can have the intended effect and he can go
2 through what is -- we all know is a stressful situation, and
3 that is being in court for a couple of weeks?

4 THE WITNESS: Was that a question for me?

5 THE COURT: Yeah.

6 THE WITNESS: I don't have an answer for that.

7 Typically --

8 THE COURT: That's your eternal conundrum; is it not?

9 THE WITNESS: I'm sorry?

10 THE COURT: That's your eternal conundrum with every
11 patient, is it not?

12 THE WITNESS: Yeah, there are family members that can
13 ensure patients take it. We always try to encourage the
14 patient to have support so they're doing what they need to do,
15 but that's a conundrum all the time.

16 THE COURT: All right. Thank you. I think the
17 government may or may not have some follow-up questions.

18 Ms. Peng?

19 MS. PENG: Just one question.

20 THE COURT: Yes, ma'am.

21 REDIRECT EXAMINATION

22 BY MS. PENG:

23 Q So if you were out of the office on December 13th and
24 Mr. Jenkins had called your office, would you have expected to
25 get that --

Goodrich - Direct

1 A Do you mean November?

2 Q Oh, I'm sorry, November 13. I apologize.

3 Would you have expected to have received that message?

4 A Yes. It should have been in -- we have a place for
5 messages and phone calls, and Michelle is very good at putting
6 those messages in.

7 MS. PENG: Thank you. No further questions.

8 THE COURT: Thank you very much. Dr. Miller, thank
9 you very much. You're free to go. I appreciate you being on
10 today.

11 THE WITNESS: Thank you very much.

12 THE COURT: Ms. Choy, is Dr. Goodrich next?

13 MS. CHOY: Yes. The government calls Dr. Will
14 Goodrich.

15 THE COURT: Dr. Goodrich, if we can get you sworn
16 here. Raise your right hand.

17 WILL GOODRICH, M.D., CALLED BY THE GOVERNMENT, SWORN

18 THE COURT: Please have a seat and answer Ms. Choy's
19 questions. You may have to slide up to the microphone so it
20 catches your voice.

21 DIRECT EXAMINATION

22 BY MS. CHOY:

23 Q Good afternoon, Dr. Goodrich.

24 A Good afternoon.

25 Thank you, Your Honor.

Goodrich - Direct

1 Q Could you please state your name for the record?

2 A Will Goodrich.

3 Q How are you employed, sir?

4 A I'm employed as an emergency medicine physician.

5 Q At which hospital?

6 A UVA Culpeper.

7 Q How long have you held that position?

8 A Since May 2023.

9 Q And how long have you been practicing emergency medicine?

10 A Since July of 2017.

11 Q Are you board certified?

12 A I am board certified in emergency medicine.

13 Q Were you on duty at UVA Culpeper in the early hours of
14 Thursday, November 14th?

15 A I was.

16 Q Did you treat a patient named Scott Jenkins?

17 A I did.

18 Q What were Mr. Jenkins's chief complaints?

19 A Dizziness and elevated blood pressure.

20 Q Did anyone accompany Mr. Jenkins to the emergency
21 department?

22 A Yes.

23 Q Who accompanied him?

24 A It was his wife and his brother.

25 Q Did Mr. Jenkins also report a syncopal episode?

Goodrich - Direct

1 A He reported that he might have passed out at home, but he
2 wasn't sure.

3 Q Did either of those witnesses, Mr. Jenkins's wife or
4 brother, confirm whether he had a syncopal episode?

5 A No, they did not.

6 Q And did either of those witnesses confirm whether or not
7 he hit his head?

8 A On the day that I saw him?

9 Q Correct.

10 A There was no report that he hit his head on the day that I
11 saw him.

12 Q Had he reported that he had a suspected concussion?

13 A He reported that he thought he had a concussion from
14 earlier in the week.

15 Q And did you ask either of those witnesses who were present
16 whether they had observed him hit his head at that time?

17 A From the events that led up to him seeing me, or from the
18 events earlier in the week?

19 Q The events that led up to the suspected concussion that he
20 reported.

21 A I don't recall if I asked them if they witnessed that
22 episode or not.

23 Q Thank you.

24 Did you inquire about Mr. Jenkins's medical history?

25 A I did.

Goodrich - Direct

1 Q Did he report a history of hypertension?

2 A He stated it was a new diagnosis for him.

3 Q Did he indicate that he had had incidents of high blood
4 pressure in the past?

5 A As I just stated, he said this was a newer problem that he
6 was dealing with.

7 Q So in other words, he denied having high blood pressure in
8 the past?

9 A Yes.

10 Q And did he indicate whether he had ever been prescribed
11 medication for hypertension in the past?

12 A He was prescribed medication prior to seeing me. How
13 long, I don't exactly know.

14 Q Let me put that in a better way. He reported to you that
15 he had gone to the emergency room several days prior; is that
16 correct?

17 A That's true.

18 Q And did he report to you that he had ever been prescribed
19 medication for high blood pressure before that emergency room
20 visit several days before he saw you?

21 A I don't recall how long before he had seen me that it was
22 prescribed.

23 Q But he had said he did not have a long history of
24 hypertension; fair to say?

25 A Yes.

Goodrich - Direct

1 Q If he did have a history of hypertension of episodes of
2 high blood pressure of being prescribed high blood pressure
3 medications in the past, would that have been important
4 information for you to know?

5 A Yes.

6 Q Why is that?

7 A It would help me to know if this was a new problem that he
8 was dealing with or if this was a long-standing issue that he's
9 just having I guess an episode with that's causing him trouble.

10 Q Would that have affected the treatment you gave him in any
11 way?

12 A I don't think it really would have.

13 Q Did you create notes of your interactions with
14 Mr. Jenkins?

15 A I did.

16 MS. CHOY: Ms. Fastenau, could you please show
17 Dr. Goodrich Government's Exhibit 4?

18 Q It will pop up on the screen right by you. Are you able
19 to see that, Dr. Goodrich?

20 A Yes.

21 Q Do you recognize this document?

22 A Yes.

23 Q Are these the notes that you made of the visit you had
24 with Mr. Jenkins?

25 A These are my notes.

Goodrich - Direct

1 MS. CHOY: The government moves Government's Exhibit
2 4 into evidence.

3 MR. ANDONIAN: No objection.

4 THE COURT: All right. So admitted.

5 (Government Exhibit 4 marked and admitted.)

6 BY MS. CHOY:

7 Q So directing you to page 4, Dr. Goodrich, did you perform
8 a physical exam of Mr. Jenkins?

9 A I did.

10 Q And in your notes you indicated that Mr. Jenkins was not
11 in acute distress; is that correct?

12 A Yes.

13 Q And you indicated that his appearance was normal; is that
14 correct?

15 A Yes.

16 Q Was he alert and oriented?

17 A He was.

18 Q What was his demeanor?

19 A I think I noted it further down. It was -- I think I
20 noted anxious and somber, if I recall. I'd have to look at the
21 record.

22 MS. CHOY: Ms. Fastenau, would you pull up the next
23 page?

24 THE COURT: It's at the bottom of this page.

25 MS. CHOY: Page 4 -- sorry, page 5.

Goodrich - Direct

1 BY MS. CHOY:

2 Q So is it correct you noted his demeanor was anxious and
3 somber?

4 A Yes, I would say he was anxious and somber, yes.

5 Q And Mr. Jenkins had self-reported that several days prior
6 he had a suspected concussion; is that correct?

7 A Yes.

8 Q Did you observe during your physical exam any symptoms of
9 concussion?

10 A I did not observe any symptoms of concussion on my exam.

11 Q When Mr. Jenkins presented at the emergency department,
12 did he have elevated blood pressure levels?

13 A He did.

14 MS. CHOY: Ms. Fastenau, could you please flip back
15 to page 4.

16 Q So it looks like his systolic blood pressure readings were
17 in the range of 180, give or take; is that correct?

18 A Yes.

19 Q Do you treat patients with similar blood pressure levels
20 on a regular basis?

21 A Yes.

22 Q Can blood pressure in that range typically be treated on
23 an outpatient basis?

24 A Can be.

25 Q Is it a routine practice for you to discharge patients who

Goodrich - Direct

1 have blood pressure in that range?

2 A Yes.

3 Q Does that level of blood pressure ordinarily warrant
4 advanced imaging?

5 A It depends.

6 Q What does it depend on?

7 A Other symptoms, if any present.

8 Q Did you order advanced imaging in this case?

9 A I did.

10 Q Why?

11 A With the report of elevated blood pressure -- mostly I
12 ordered advanced imaging because of dizziness.

13 Q And that was self-reported, correct?

14 A Yes.

15 Q Did you -- did the self-report of a syncopal episode also
16 contribute to your decision to order advanced imaging?

17 A It also played in, yes.

18 Q So absent the self-report of dizziness and the self-report
19 of the syncopal episode, would you routinely have ordered
20 advanced imaging for a patient with Mr. Jenkins's other
21 symptoms?

22 A If I can clarify, I think what you're asking is if I have
23 a patient that just has elevated blood pressure and they did
24 not have any other complaints, would I have ordered advanced
25 imaging?

Goodrich - Direct

1 Q Correct.

2 A Generally not.

3 Q And so it's fair to say that these self-reported symptoms
4 that Mr. Jenkins had played a role in your decision to order
5 advanced imaging; is that right?

6 A Yes.

7 Q And did the imaging that you performed show any
8 abnormalities at all?

9 A Not that I recall, but I would have to look at the report
10 again to see.

11 MS. CHOY: Ms. Fastenau, could you please just slowly
12 scroll through the report.

13 Q And will you let us know when it shows the point where it
14 shows the imaging results? I'm not practiced at reading these
15 things.

16 A Pause.

17 What's the question again, please?

18 Q Did the advanced imaging show any abnormalities?

19 A There's some potential abnormalities, but for the general
20 impression, there was no acute vessel occlusion in the neck. I
21 think there's more to this report as well that's not in here.

22 Q Just sitting here today, do you recall whether anything in
23 those imaging results gave you cause for concern?

24 A No. If there was, I think I would have explored those
25 further.

Goodrich - Direct

1 MS. CHOY: Now, Ms. Fastenau, could you please pull
2 up page 6.

3 Q In your notes you use the term "malingering." Could you
4 explain what that means?

5 A So malingering is making up or exaggerating symptoms for
6 secondary gain.

7 Q By virtue of your years practicing emergency medicine and
8 the training that you have received, have you learned to
9 recognize signs of malingering?

10 A Yes.

11 Q Do you encounter malingering on a routine basis?

12 A I do.

13 Q During your physical exam, you note that Mr. Jenkins
14 attempted to sit upright in bed; do you recall that?

15 A Yes.

16 Q Could you please describe for us what you observed?

17 A I asked him to sit up to assess for stability of his
18 trunk. And it was a slow -- he was in a reclined position and
19 it was kind of more of a slow reaching up, grabbing the
20 handrail and kind of pulling himself up until he was finally
21 sitting upright and kind of leaning on that rail.

22 Q And at some point did you ask him to sit upright without
23 the assistance of the rail?

24 A I did.

25 Q And what happened at that point?

Goodrich - Direct

1 A Pretty quickly he fell backwards back into the bed.

2 Q In your notes you state, quote, "my initial impression
3 observing the attempt to sit upright in bed is that this is
4 related to malingering based from years of treating emergency
5 patients," end quote.

6 What gave you the impression, based on what you observed,
7 that this was an instance of malingering?

8 A From my initial impression when I walked in the room that
9 he was generally not distressed, and then -- and he was able to
10 answer questions easily, go through history, participate in a
11 physical exam otherwise -- and this is one of the later things
12 I asked him to do -- that this now was a very difficult thing,
13 whereas everything else before that seemed to be very normal.

14 Q So is it fair to say the amount of effort and distress
15 that seemed to be incurred was not proportionate to the other
16 things you had observed about Mr. Jenkins?

17 A It seemed out of proportion.

18 Q And based on your many years of emergency experience, your
19 impression was that he was malingering; is that fair?

20 A There was -- there was potential -- I think the words I
21 used here is it was related to malingering.

22 MS. CHOY: And Ms. Fastenau, could you please turn to
23 page 8. There is a note here at the very bottom of the page at
24 3:34 a.m. It begins at the bottom of the page, and then it
25 continues on to the next page, so if you would please continue.

Goodrich - Direct

1 Q So it looks like at 3:34 a.m. you wrote, "I wonder if the
2 patient was artificially taking something to make his blood
3 pressure elevated, not compliant with his outpatient
4 medications, altering the blood pressure cuff in some way, or
5 if the cuff size is wrong, or most likely if he has so much
6 stress that he may need other medications like anxiolytics that
7 would calm the patient and allow the blood pressure to
8 normalize."

9 What caused you to wonder whether Mr. Jenkins was
10 artificially elevating his blood pressure?

11 A Because we gave him three doses of IV beta blockers, which
12 I would have expected could have done a little more than it
13 did.

14 Q And how could a patient artificially elevate his blood
15 pressure?

16 A Not taking their medication, taking some kind of stimulant
17 or other medication, cough and cold medications, potentially
18 caffeine use -- but it's a varied response per individual --
19 illicit drugs.

20 Q And you also mentioned that altering the blood pressure
21 cuff or if the cuff size is wrong, that could affect the blood
22 pressure reading.

23 Could you explain that further?

24 A That came from some discussions with nursing staff as
25 well, who had also been helping to care for the patient. She

Goodrich - Direct

1 was wondering whether body positioning or pressure on the cuff
2 or something like that was causing a falsely elevated pressure.

3 Q So after this note about your concern for the accuracy of
4 the blood pressure readings, did the nursing staff take a new
5 reading?

6 A They did.

7 Q And there is a note at 3:52 a.m. related to that reading.
8 And it looks like taking a new reading resulted in improved
9 blood pressure of 168 over 98; is that correct?

10 A Yes, I did note it as improved, but it's pretty similar to
11 the other ones.

12 Q What did the nursing staff do differently to obtain that
13 slightly improved reading?

14 A She put the blood pressure cuff on the other side of the
15 patient on the same side as the monitor, made sure he was in an
16 appropriate position that would give the most accurate reading,
17 and monitored the patient during the entire time that the blood
18 pressure was cycling until we got that value there.

19 Q And so when the nurse was closely monitoring the taking of
20 the blood pressure, it resulted in a lower reading; is that
21 fair to say?

22 A Can you say that again, please?

23 Q So is it fair to say that when the nurse was closely
24 monitoring the taking of that blood pressure reading, that
25 resulted in a lower reading?

Goodrich - Direct

1 A It was a slightly lower reading, yes.

2 Q By the way, do at-home blood pressure devices sometimes
3 lead to incorrect readings?

4 A Definitely.

5 Q Now, in your prior note that we're looking at, you
6 mentioned that medications like anxiolytics would calm
7 Mr. Jenkins and allow his blood pressure to normalize.

8 What are anxiolytics?

9 A Those would be medications -- if you look at the word,
10 they would lyse anxiousness. So that would be to help lower
11 anxiety.

12 Q Did you offer Mr. Jenkins any anxiolytics?

13 A I discussed them with him, and I did offer them at some
14 point, yes.

15 Q Did he accept them?

16 A No.

17 Q Now, you mentioned earlier when you were discussing the
18 definition of malingering that one factor you consider is the
19 presence of secondary gain.

20 Could you explain what you meant by that?

21 A Just to clarify, there's another disorder called
22 factitious disorder, which is similar to malingering; but in
23 that, somebody fakes or exaggerates symptoms, but there is no
24 perceived external gain. But with malingering, there is faked
25 or exaggerated symptoms and there is some kind of perceived

Goodrich - Direct

1 secondary gain to be obtained by faking or exaggerating those
2 symptoms.

3 Did that answer your question?

4 Q Yes, it did. Thank you.

5 A Okay.

6 MS. CHOY: Okay. Now, Ms. Fastenau, could you please
7 turn to the note at 5:22 a.m. Is there one that's higher up at
8 5:22 a.m. There it is. Thank you.

9 Q So at 5:22 a.m. you wrote, quote, "at this time I have
10 deemed the patient does not have an emergency medical
11 condition," unquote.

12 Could you please explain what you meant by that?

13 A What I mean is that the patient -- what I mean by that,
14 when you come to see me in the emergency department, one of
15 five things is going to happen. Unfortunately, some people
16 die, they either get them into the hospital, maybe sent to the
17 operating room, transferred to another hospital with more
18 capabilities or different capabilities, or they get discharged
19 home. Those first four, somebody generally has an emergency
20 medical condition leading to needing further care beyond the
21 scope of the emergency department. I deemed that Mr. Jenkins
22 did not have anything that would require one of those other
23 four dispositions, and that he was safe to be discharged home.

24 Q Did you relay that conclusion to Mr. Jenkins?

25 A I did.

Goodrich - Direct

1 Q And so generally speaking, are there medications that are
2 effective for controlling blood pressure?

3 A I would say generally there are many medications effective
4 at controlling blood pressure.

5 Q Are there medications, either oral or IV, that can reduce
6 blood pressure within a matter of minutes or hours?

7 A Yes.

8 Q Do blood pressure medications interfere with a patient's
9 alertness or memory in any way?

10 A There's a lot of those medications.

11 Q Well, let me ask it more specifically.

12 A Sure.

13 Q The patient was prescribed Lisinopril, correct?

14 A Yes.

15 Q Does Lisinopril interfere with the patient's alertness or
16 memory in any way?

17 A I would not perceive that it would.

18 Q And he was prescribed -- what was the one that starts with
19 a C?

20 A It's Clonidine.

21 Q Thank you. Does Clonidine interfere with a patient's
22 alertness or memory in any way?

23 A Generally, no. But it could have some sedating effects, I
24 guess, slight sedating effects.

25 Q Would those effects be mild?

Goodrich - Direct

1 A I think they would be mild, or else we would not give them
2 for blood pressure.

3 Q Do they interfere with a patient's ability to go about
4 their ordinary daily duties, routines?

5 A Not that I'm aware of.

6 Q For outpatient medications to effectively control blood
7 pressure, is it important for the patient to be compliant with
8 the prescribed medication regime?

9 A Yes.

10 Q All right. Going back to the visit that you had, what did
11 you determine was the likely cause of Mr. Jenkins's elevated
12 blood pressure levels?

13 A It seemed a lot of it had to do with his current legal
14 issues and the stress and anxiety surrounding that.

15 Q So you observed him to be under a lot of stress and
16 anxiety; is that fair?

17 A Yes.

18 Q Are stress and anxiety a risk factor for self-harm?

19 A Yes.

20 Q Now, you mentioned earlier that you determined that
21 Mr. Jenkins did not have an emergency medical condition and
22 didn't require any further treatment in the emergency
23 department; is that correct?

24 A Yes.

25 Q And you relayed that information to Mr. Jenkins; is that

Goodrich - Direct

1 correct?

2 A Yes.

3 Q Were Mr. Jenkins's wife and brother in the room for those
4 discussions?

5 A I think his wife was in the room the entire time. So she
6 was there for most of the discussions, if not all. She might
7 have arrived shortly after. I can't recall from my initial
8 evaluation. The same with his brother. I don't know that his
9 brother was in the room during every discussion I had with him.
10 I think later in the visit, he was not.

11 MS. CHOY: So could we flip down to page 11, please,
12 Ms. Fastenau.

13 Q So in the middle of the page, this is a note about your
14 interaction with Mr. Jenkins's brother; is that correct?

15 Do you need to see more than --

16 A Sorry, you said this is a discussion with Mr. Jenkins's
17 brother?

18 Q Correct.

19 A Yes.

20 Q And in the middle of that first paragraph it says he had
21 been present in the room for all previous discussions.

22 Do you see that?

23 A Okay. Yes.

24 Q Does that refresh your recollection about whether
25 Mr. Jenkins's brother was in the room for the discussions about

Goodrich - Direct

1 whether there was an emergency medical condition or not?

2 A I'd have to read back through all my notes to see.

3 Q Fair enough, but he was in the room for at least some of
4 those discussions?

5 A He was in the room for many of them.

6 Q Did you have further interactions with Mr. Jenkins's
7 brother?

8 A Yes.

9 Q Could you please describe that interaction?

10 A When I performed my duties as an emergency medicine
11 physician going around to different rooms, he was out in the
12 hallway and approached me and asked to speak with me. And I
13 said I would speak to him, but he would have to wait because I
14 had other patients that I needed to see.

15 Q And was that after you had informed both Mr. Jenkins and
16 his brother that Mr. Jenkins was going to be discharged, that
17 he didn't have an emergency medical condition?

18 A I think -- I would have to read through these notes to
19 see.

20 Q Sure.

21 A Some of this is best timeline, but maybe not completely in
22 order.

23 MS. CHOY: So Ms. Fastenau, could you flip up one
24 page.

25

Goodrich - Direct

1 Q So just based on your notes, do you see the note at 5:22
2 that says, "I have deemed the patient does not have an
3 emergency medical condition"?

4 A I'll take a moment to read this whole page, if that's
5 okay.

6 Q Take your time.

7 A (Witness reviewing document.)

8 Okay. Can you ask the question again, please?

9 Q Okay. So it looks to me at 5:22 a.m. your note indicates
10 you had deemed the patient did not have an emergency medical
11 condition; is that fair?

12 A Yes.

13 Q And does that mean that the patient would be discharged
14 from the ER?

15 A Yes. At that time I had made a decision on disposition.

16 Q And then subsequently there is a note at 5:41 a.m.,
17 correct?

18 A Yes.

19 Q And that's the note that memorializes your discussion with
20 the patient's brother; is that correct?

21 A Yes.

22 Q So after you had decided that the patient was going to be
23 discharged, that's when the brother approached you; is that
24 correct?

25 A Yes.

Goodrich - Direct

1 Q And did the brother make requests of you?

2 A He did.

3 Q What did he request?

4 A If I recall, he requested that I contact the patient's
5 primary care physician to see if there was any other further
6 testing or evaluations that would need to be done in the
7 emergency department. I believe he also asked me if the
8 patient needed to be admitted and monitored in the hospital.

9 Q Did he ask you multiple times whether he needed to be
10 admitted?

11 A There were multiple requests or asks, yes.

12 Q Did he make any asks for additional testing or imaging?

13 A When you ask that question, are you asking did he ask me
14 anything specific or just --

15 Q Was he asking for additional medical attention, let's say?

16 A My impression was he was asking for additional medical
17 attention or monitoring or evaluation.

18 Q And did he ask for the patient to be admitted into the
19 hospital?

20 A Yes, he did.

21 Q And those were repeated requests?

22 A Yes.

23 Q How did you respond to those requests?

24 A I responded that I didn't believe the patient had an
25 emergency medical condition that would require admission to the

Goodrich - Direct

1 hospital, that I believed he could be discharged home and take
2 his medications outpatient and follow up with his primary care
3 physician.

4 Q Was this interaction with Mr. Jenkins's brother unusual in
5 your experience?

6 A Yes.

7 Sorry. There's a lot of unusual things that happen in the
8 emergency department or outside the emergency department that
9 leads to people coming in.

10 Q Do patients - when patients go to the hospital, do they
11 typically want to get out of there as soon as possible, in your
12 experience?

13 A Most patients don't want to be in the hospital.

14 Q And did your interaction with Mr. Jenkins's brother -- was
15 that a factor that you would consider relevant when deciding
16 whether this was -- the patient was someone who was
17 malingering?

18 A Definitely.

19 Q Okay. So from your notes it appears that Mr. Jenkins was
20 discharged around 5:42 a.m. And on page 12 you write, "The
21 patient does not have an emergency medical condition at this
22 time. He does not require admission to the hospital." And I
23 think you've already testified about why Mr. Jenkins did not
24 require admission to the hospital.

25 In your experience, is it typical to discharge a patient

Goodrich - Direct

1 who presents with blood pressure levels similar to those that
2 Mr. Jenkins had that night?

3 A In my practice, yes.

4 Q Do patients typically require inpatient treatment?

5 A Can you further --

6 Q Do patients with those levels of blood pressure typically
7 require inpatient treatment?

8 A Just for the blood pressure?

9 Q Correct.

10 A I would say no.

11 Q At the time of discharge, was Mr. Jenkins in any distress?

12 A No.

13 Q Was he alert and oriented?

14 A Yes.

15 Q In your opinion, was he at an acute risk of heart attack
16 or stroke?

17 A You're asking -- let me clarify this -- at the time of
18 discharge was he at an acute risk of heart attack or stroke?

19 Q Correct.

20 A I would say no, because I determined he did not have an
21 emergency medical condition.

22 Q At any time did you tell Mr. Jenkins that he was at an
23 acute risk of heart attack or stroke?

24 A There may have been some discussions that he does have
25 risk factors, you know, for a stroke or heart attack. And

Goodrich - Direct

1 that's mainly due to his elevated blood pressure, he had
2 symptoms of dizziness, and some other medical factors
3 concerning his body mass index and other co-morbidities like
4 diabetes.

5 Q So there were some factors related to his chronic
6 conditions that put him at elevated risk of heart attack or
7 stroke; is that fair?

8 A He has conditions that put him at a continued risk of
9 heart attack or stroke.

10 Q And was there anything about his condition at the time you
11 discharged him that put him at an acute risk of heart attack or
12 stroke?

13 A I did not believe there was anything at the time of
14 discharge that put him at an acute risk, other than his
15 underlying risk.

16 Q If he had been at an acute risk of heart attack or stroke,
17 would you have discharged him?

18 A It depends.

19 Q What does it depend on?

20 A I think it depends on other factors, what else is going on
21 with the patient. But if we admitted everybody to the hospital
22 that was at an acute risk of a heart attack or stroke, our
23 hospitals would constantly be full and we wouldn't be able to
24 care for patients.

25 Q Based on your evaluation, was there anything about

Goodrich - Cross

1 Mr. Jenkins's condition at the time of discharge that would
2 prevent him from going about his daily routine?

3 A No.

4 Q Was there anything that would prevent Mr. Jenkins from
5 participating in court proceedings?

6 A Not that I perceived.

7 Q Did you advise Mr. Jenkins not to participate in his court
8 proceedings?

9 A I did not.

10 MS. CHOY: Court's indulgence for a moment.

11 (Pause.)

12 Nothing further from the government.

13 THE COURT: Thank you, Ms. Choy.

14 Mr. Andonian?

15 CROSS-EXAMINATION

16 BY MR. ANDONIAN:

17 Q Good morning, Doctor.

18 A Good morning.

19 Q Dr. Goodrich, you know Mr. Jenkins's brother who was
20 speaking to you that day, right?

21 A When you say "know," what do you mean by know?

22 Q He's been a patient of yours in the past?

23 A He was a patient, as documented in this medical record.

24 Q Right. So that wasn't the first time you and Mr. -- this
25 Mr. Jenkins's brother had had a conversation, right?

Goodrich - Cross

1 A That was not the first time we had had a conversation, no.

2 Q In all of your years as an emergency room doctor, you've
3 interacted with a lot of family members, right?

4 A Yes.

5 Q And you've interacted with concerned family members?

6 A Yes.

7 Q And you've interacted with concerned family members who
8 have voiced an opinion about what they would like for their
9 loved one who is being treated, correct?

10 A Yes.

11 Q Mr. Jenkins -- Scott Jenkins -- you prescribed him -- you
12 referred to them as beta blockers when he first checked into
13 the ER, correct?

14 A I did order beta blockers to be administered in the
15 emergency department.

16 Q And that specifically was intravenous Lopressor; is that
17 right?

18 A Yes.

19 Q And there were three doses total of that that were
20 administered?

21 A Yes.

22 Q And you would not have ordered that three doses of IV
23 Lopressor be administered if there wasn't a good reason for you
24 to have done that, right?

25 A I do not do things unless I believe there's a good reason

Goodrich - Cross

1 to do them.

2 Q Correct. A medical-based reason to do it?

3 A Yes.

4 Q Okay. I want to go back to Mr. Jenkins's report of
5 passing out at home. You -- obviously, you weren't there with
6 him at that time, right?

7 A I was not.

8 Q And I think you testified that as far as you're aware, his
9 family members weren't there with him at that time; is that
10 right?

11 A I wasn't sure if they were or were not there per his
12 reports.

13 Q Okay. And you testified that you didn't see any physical
14 signs of injury to his head; is that right?

15 A Yes.

16 Q And the imaging didn't show any significant abnormality at
17 least that you were worried about, right?

18 A No.

19 Q That doesn't mean that Mr. Jenkins didn't pass out, right?

20 A It doesn't mean he did or didn't.

21 Q Right.

22 A I have no way of determining that.

23 Q Right. You're not sitting here today telling us that you
24 have a medical basis to believe that he did not pass out?

25 A I have no way of knowing whether or not he passed out at

Goodrich - Cross

1 home or not.

2 Q When you offered -- and I'm going to, I'm sure, screw up
3 the names and the categories -- but the anxiolytics, that's a
4 class of drugs that can manage stress and anxiety, right, just
5 for lay --

6 A In general, yes.

7 Q Okay. Those medications do have side effects, right?

8 A Yes.

9 Q And that can include side effects that would potentially
10 impair somebody's ability to focus during the day, right?

11 A Potentially.

12 Q Potentially have side effects that can impair somebody's
13 ability to participate, say, in a court proceeding, right?

14 A Potentially.

15 Q And when you offered Mr. Jenkins the anxiolytics, whatever
16 they were at the time, you testified already that he declined
17 your offer?

18 A Yes.

19 Q And he did that because he informed you that he didn't
20 want to be foggy for court, right?

21 A That was one of the reasons, yes.

22 Q And in fact, he was coming to court from the ER -- I mean,
23 he was leaving the ER visit going to court, right?

24 A He informed me that he had a court date in the morning. I
25 don't know where he was going when he left the hospital.

Goodrich - Cross

1 Q Okay. But he told you about the court date?

2 A He did tell me, yes.

3 Q You would agree that managing stress and anxiety would
4 also be beneficial for blood pressure management, right?

5 A In this case, it potentially would.

6 Q And there are medications that can manage stress and
7 anxiety?

8 A Yes, there are.

9 Q Now, you talked a little bit -- I'm going to touch back on
10 your -- the report that we just looked at when you indicated
11 that you wondered whether or not there was some connection to
12 malingering with respect to Mr. Jenkins when he tried to sit up
13 in the bed and fell back over.

14 When you say that you wondered if that was related to
15 malingering, I just wanted to make sure we're clear that that
16 was when he sat up and then appeared to fall back in the bed,
17 right?

18 A Yes, sir.

19 Q Okay. Having an acute stress reaction could potentially
20 keep blood pressure numbers elevated even when somebody is on
21 medications to lower them, right?

22 A I believe so, yes.

23 Q Just to make sure we're clear, you have -- as you're
24 sitting here today, you have no medical basis to say -- I mean
25 with certainty -- that Mr. Jenkins was doing something to

Goodrich - Examination by the Court

1 artificially elevate his blood pressure, right?

2 A I have no medical certainty that he was doing something to
3 artificially elevate it.

4 Q Okay. To the extent there were any abnormalities in blood
5 pressure readings, it is possible that the placement of the
6 blood pressure cuff could be a cause of that, right?

7 A Are you saying placement of the blood pressure cuff could
8 artificially alter a blood pressure reading?

9 Q I guess that's what I'm saying, yes.

10 A Placement of a blood pressure cuff could artificially
11 alter a blood pressure reading.

12 Q And the same goes for the body positioning somebody is in
13 when the test is being administered, right?

14 A Yes.

15 MR. ANDONIAN: Court's brief indulgence.

16 THE COURT: Yes, sir.

17 (Pause.)

18 MR. ANDONIAN: Thank you, Doctor. I don't have
19 anything else.

20 THE COURT: Doctor, I've got a couple of questions,
21 if I can.

22 THE WITNESS: Yes, Your Honor.

23 THE COURT: You were asked a question as to whether
24 stress and anxiety could lead to self-harm. Do you remember
25 that line of questioning?

Goodrich - Examination by the Court

1 THE WITNESS: Yes, a few minutes ago, yes.

2 THE COURT: I guess as an ER physician when you're
3 meeting people, one of the things you always look for in every
4 patient is to make sure -- to eliminate any concern you have
5 about self-harm for the patient, correct?

6 THE WITNESS: I believe as part of the nursing
7 screening and triage protocols, that they go through and ask
8 those questions, and it's documented somewhere in the medical
9 record.

10 THE COURT: Okay. As it relates to Mr. Jenkins, you
11 didn't have any concern for self-harm?

12 THE WITNESS: I didn't have any immediate concern for
13 self-harm.

14 THE COURT: Okay. All right. As an ER physician
15 when someone such as Mr. Jenkins comes in with a blood pressure
16 and anxiety or a stress reaction as he did, I guess your
17 initial goal is to get the blood pressure and anxiety under
18 control so that they can be discharged, right?

19 THE WITNESS: I don't believe the blood pressure
20 always needs to be controlled, and the stress and anxiety
21 doesn't always need to be controlled.

22 THE COURT: You need to get them on the path,
23 however?

24 THE WITNESS: Ideally that's my job is to help people
25 have an improved state of health.

Goodrich - Examination by the Court

1 THE COURT: And then you refer them back to their
2 family doctor for regular management?

3 THE WITNESS: Yes.

4 THE COURT: Okay. And you would expect any ongoing
5 issues in connection with blood pressure, anxiety, stress
6 management should be -- in the perfect world would be managed
7 then by Mr. Jenkins's family doctor?

8 THE WITNESS: Ideally, yes.

9 THE COURT: Managing those problems -- I think you
10 were asked this question as well -- is dependent upon taking
11 your medication as prescribed and when prescribed; fair enough?

12 THE WITNESS: Yes.

13 THE COURT: And you haven't had any follow-up as to
14 what Mr. Jenkins' current medications are, what his compliance
15 with medications are, or anything along those lines; is that
16 fair to say?

17 THE WITNESS: Since he left the emergency department,
18 I have had no follow-up with him.

19 THE COURT: Thank you. I don't have any other
20 questions.

21 Ms. Choy, does that prompt anything further?

22 MS. CHOY: Nothing further from the government.

23 THE COURT: Thank you, Dr. Goodrich. You're free to
24 go. Thank you very much. I appreciate you being here. Have a
25 nice day.

Clouser - Direct

1 THE WITNESS: You're welcome, Your Honor. Thank you.

2 THE COURT: Ms. Choy?

3 MS. CHOY: The government calls Special Agent Andrew
4 Clouser.

5 THE COURT: Agent Clouser, come on up, if you would,
6 please, sir. Stand and be sworn.

7 SPECIAL AGENT ANDREW CLOUSER, CALLED BY THE GOVERNMENT, SWORN

8 DIRECT EXAMINATION

9 BY MS. CHOY:

10 Q Good afternoon, Special Agent Clouser.

11 A Good afternoon.

12 Q Could you please state your name and spell it for the
13 record?

14 A My name is Andrew Clouser. Clouser is spelled
15 C-L-O-U-S-E-R.

16 Q How are you employed?

17 A I am a special agent with the FBI.

18 Q Are you assigned to the investigation of Scott Jenkins?

19 A I am.

20 Q Was Scott Jenkins arrested on June 29th, 2023?

21 A He was.

22 Q Did you participate in that arrest?

23 A I did.

24 Q Did any other agents from the FBI participate in that
25 arrest?

Clouser - Direct

1 A Yes.

2 Q Who?

3 A Special Agent Scott Medearis also participated.

4 Q Was Mr. Jenkins allowed to self-surrender?

5 A He was.

6 Q Where did he self-surrender to?

7 A That morning he self-surrendered to our office here in
8 Charlottesville.

9 Q Approximately what time did he report to your office in
10 Charlottesville?

11 A It would have been approximately between 8 a.m. and 9 a.m.
12 that morning.

13 Q Did you observe how he got to your office?

14 A I did.

15 Q How was that?

16 A He was driven to our office by his brother.

17 Q And what was his condition upon arrival at your office?

18 A His condition, he appeared to be emotionally distraught,
19 but he did not appear to be in any physical distress.

20 Q And were there procedures that were followed once he
21 arrived?

22 A Yes.

23 Q Could you briefly describe what he had to do upon arrival?

24 A So once he arrived, we took him into custody; let him know
25 that he was, in fact, under arrest and in our custody, at which

Clouser - Direct

1 point we then took him into our office, because he arrived a
2 the lobby of our building. So we took him up to our office
3 where he was then processed.

4 Q And what does that processing involve?

5 A So we placed him in handcuffs. We had him sit in our
6 interview room where we had also fingerprinted him and took his
7 DNA sample and let him know what the next steps were going to
8 be for the day.

9 Q At some point during that processing process, did you
10 observe Mr. Jenkins to be in distress?

11 A He appeared, by my observations, to have a very red face,
12 and we asked him if he had any physical conditions that could
13 be contributing to that.

14 Q Approximately what time was that?

15 A That would have been somewhere around 8:53 a.m., if I
16 remember the time correctly.

17 Q So you inquired about his physical condition. And did he
18 make statements in response?

19 A He did.

20 Q Was that interaction audio recorded?

21 A It was.

22 Q And I'm about to play for you what's been marked as
23 Government's Exhibit 1, which is an audio file.

24 Before this testimony, have you had an opportunity to
25 review that file?

Clouser - Direct

1 A I have.

2 Q Is Government's Exhibit 1 a fair and accurate recording of
3 the conversation that occurred between Mr. Jenkins and the
4 arresting agents on the morning of Mr. Jenkins's arrest?

5 A It is.

6 MS. CHOY: The government offers Government's Exhibit
7 1 into evidence.

8 THE COURT: Any objection?

9 MR. ANDONIAN: No, Your Honor.

10 THE COURT: So admitted.

11 (Government Exhibit 1 marked and admitted.)

12 MS. CHOY: Ms. Fastenau, could you please play
13 Government's Exhibit 1.

14 (Audio playing.)

15 BY MS. CHOY:

16 Q Did you recognize the voices that you heard on that
17 recording?

18 A I do.

19 Q Who were they?

20 A So they were Scott Jenkins, Special Agent Scott Medearis,
21 and myself.

22 Q Did Mr. Jenkins bring any medications with him when he
23 self-surrendered?

24 A He did.

25 Q Did he tell you what medications they were?

Clouser - Direct

1 A He said those medications were for his diabetes.

2 Q So he didn't bring any hypertension medications with him?

3 A He did not.

4 Q After that recorded interaction, did you continue the
5 booking process?

6 A We did.

7 Q And what was his condition during that continued process?

8 A His condition continued to be emotional distress, but he
9 did not complain of any physical issues aside from saying he
10 had lifelong claustrophobia. But with myself and Special Agent
11 Medearis in the room, he had no issues with it.

12 Q At any point did he request medical attention?

13 A He did not.

14 Q And was he alert and oriented that whole time?

15 A He was.

16 Q After being processed, where did Mr. Jenkins go next?

17 A After he was processed he asked to use the restroom. So
18 we took him to the bathroom just down the hall. From there, we
19 transported him to this building to the U.S. marshal's office.

20 Q And did you deliver him to the custody of the U.S.
21 marshal?

22 A We did.

23 Q And were you able to observe his condition during that
24 time?

25 A Yes.

Clouser - Direct

1 Q You were, while he was in custody of the U.S. marshals?

2 A Not while he was in custody, at the handoff. Sorry.

3 Q How was his condition at the handoff?

4 A At the handoff, again, there was really no change. As we
5 were driving to the United States marshal's office, we had
6 asked how he was feeling. Special Agent Medearis specifically
7 had asked how is his blood pressure? And there was no
8 indication from Scott Jenkins that he needed any emergency
9 medical attention or medical attention of any kind.

10 Q Was Mr. Jenkins's initial appearance scheduled for 1 p.m.
11 the same day?

12 A It was.

13 Q Did you attend that hearing?

14 A I did.

15 Q Did you observe Mr. Jenkins during that hearing?

16 A I did.

17 Q What was his demeanor?

18 A So his demeanor -- I didn't observe any redness in the
19 face as I had before. It seemed to have dissipated over time.
20 I did observe him as he interacted with his counsel. I wasn't
21 close enough to hear any of the interactions, but there was a
22 point in the proceeding at which point it was being argued
23 whether or not he should be allowed to keep his firearms, and I
24 observed him interact with his attorney multiple times in an
25 effort to craft an argument in his favor.

Clouser - Direct

1 Q So he was alert?

2 A Yes.

3 Q He didn't appear to be in any physical distress?

4 A Correct.

5 Q And he appeared to be able to assist his attorneys in his
6 defense?

7 A Correct.

8 Q Are you aware that Mr. Jenkins's trial is scheduled to
9 begin on November 12th, 2024?

10 A Yes.

11 Q And are you aware that the morning of trial Mr. Jenkins
12 went to the emergency department at Fauquier Hospital?

13 A Yes.

14 Q Did you do any research to determine how far away Fauquier
15 Hospital is from Mr. Jenkins's residence?

16 A Yes.

17 Q And what did you do to determine that?

18 A So we just -- we looked it up on Google Maps. We had his
19 home address and the address of the hospital in Fauquier.

20 Q And how far is the Fauquier Hospital from his home
21 address?

22 A According to Google Maps, it's about 29 miles.

23 Q How long would it take to drive that distance?

24 A Approximately 30 minutes.

25 Q Have you determined whether there is an emergency

Salazar - Direct

1 department that is closer to Mr. Jenkins's residence than
2 Fauquier Hospital?

3 A Yes.

4 Q And what is that hospital?

5 A There is a hospital in Culpeper, UVA Culpeper Hospital,
6 approximately three miles from his residence.

7 Q And how long would it have taken to drive to that
8 hospital?

9 A Less than five minutes.

10 MS. CHOY: Nothing further.

11 THE COURT: Any cross?

12 MR. ANDONIAN: No.

13 THE COURT: Thank you very much, Special Agent
14 Clouser. You may step down.

15 MS. SMITH: The government calls Probation Officer
16 Mariana Salazar.

17 THE COURT: Ms. Salazar, come on up.

18 MARIANA SALAZAR, CALLED BY THE GOVERNMENT, SWORN

19 DIRECT EXAMINATION

20 BY MS. SMITH:

21 Q Good afternoon. Can you please state your name?

22 A It's Mariana Salazar.

23 Q And how are you employed?

24 A I am the supervision officer for the Charlottesville
25 probation office.

Salazar - Direct

1 Q So do you supervise criminal defendants while they're out
2 on pretrial release?

3 A Yes.

4 Q And as part of your duties and responsibilities, do you
5 supervise Scott Jenkins?

6 A Yes.

7 Q And how long have you supervised him?

8 A I have supervised him since the end of October of 2023.

9 Q So over a year at this point?

10 A Yes.

11 Q On November 12th of 2024, did someone reach out to you
12 about Mr. Jenkins's whereabouts?

13 A Yes.

14 Q And who reached out to you?

15 A His wife.

16 Q What did she tell you?

17 A She sent me a text message from his phone saying that he
18 was in Fauquier Hospital, and he had hit his head and had some
19 chest pains. That's it.

20 Q And this was the morning that his jury trial was supposed
21 to begin?

22 A Yes.

23 Q Was this the first and only contact you've ever had with
24 his wife?

25 A I think I've seen her one time during a home visit, but

Salazar - Direct

1 yeah, pretty much the only other interaction with her.

2 Q Do you conduct home visits regularly as part of your
3 supervision?

4 A Yes.

5 Q And have you had multiple home visits at Mr. Jenkins's
6 residence?

7 A Yes.

8 Q And Ms. Jenkins is not typically there?

9 A No.

10 Q Does she work outside of the home?

11 A I have no idea.

12 Q So you haven't had really any interaction with her?

13 A Correct.

14 Q Now, what district is Fauquier Hospital located in?

15 A It's the Eastern District of Virginia.

16 Q And is one of Mr. Jenkins's pretrial requirements that he
17 remain in the Western District of Virginia?

18 A Yes.

19 Q Because he had gone outside of the district absent
20 permission from you, what did you do to follow up with that?

21 A I reached out. I left him a voicemail just asking him for
22 documentation. I wasn't sure why he went to Fauquier when
23 there is other places in Culpeper.

24 Q And when did you reach out to him and request that
25 additional information?

Salazar - Direct

1 A November 12th.

2 Q So that same day?

3 A Yes.

4 Q What did he end up sending you?

5 A Just the first page of the discharge summary. He said he
6 could provide me further documents later on.

7 Q So he sent you a picture of the first page of his
8 discharge paperwork?

9 A Yes.

10 Q When did he provide that documentation to you?

11 A November 13th. So the next day.

12 Q So it took him almost a full day to send you that
13 documentation?

14 A Yes.

15 Q Did you attempt to reach out to him as well?

16 A Yes.

17 Q And how did you attempt to reach out to him?

18 A I was just trying to reach out to him to see how he was
19 doing. And I think that was when he was in the parking lot of
20 the ER, or he had just left.

21 Q So that was the next day on November 13th of 2024?

22 A Yes.

23 Q So on November 12th, 2024, you reached out, asked for
24 documentation, but did not hear a response?

25 A Correct.

Salazar - Direct

1 Q Then you followed up with him again the next day on
2 November 13th of 2024?

3 A Yes.

4 Q Was that based on learning information that he was at the
5 emergency department again?

6 A Yes.

7 Q And what did you do when you learned he was allegedly at
8 the emergency department?

9 A I just gave him a call.

10 Q And do you remember about what time that call occurred?

11 A I want to say it was like 1 p.m. Around there.

12 Q And what -- what happened during that phone call?

13 A Oh, I had tried to call him previously and he had not
14 responded. We played phone tag for a while. He just told me
15 he was at the ER, and his primary had told him that if he took
16 his blood pressure twice in an hour and it went down, he didn't
17 need to go inside the emergency room.

18 Q So based on that conversation, was it your impression that
19 he was -- his doctor had told him to stay in the car, take his
20 blood pressure twice, and then if it did not go down, to go
21 into the emergency room?

22 A That was the impression I got from that conversation, yes.

23 Q And you said this occurred about 1:00?

24 A Yes.

25 Q Did he tell you how long he had been sitting in the

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1 parking lot of the emergency room?

2 A No.

3 Q And did he end up ever entering the hospital that day?

4 A To my knowledge, no.

5 Q Have you seen Mr. Jenkins since last week's hearing on the
6 14th of November?

7 A Yes.

8 Q And when did you see him?

9 A I saw him Monday, November 18th.

10 Q And how did he appear during your visit?

11 A He seemed more relaxed. He had told me he was on his
12 medications and felt better. There was no concern for his
13 health that I saw at that time.

14 Q So he seemed fine at that point?

15 A Yes.

16 MS. SMITH: One minute, Your Honor.

17 (Pause.)

18 No further questions. Thank you.

19 THE COURT: Mr. Andonian?

20 CROSS-EXAMINATION

21 BY MR. ANDONIAN:

22 Q Good afternoon, Ms. Salazar.

23 A Good afternoon.

24 Q On November 12th of 2014 last week, just to be clear,
25 Mr. Jenkins's wife reached out to you, correct?

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1 A Correct.

2 Q It wasn't the other way around?

3 A Correct.

4 Q Okay. And she informed you that Mr. Jenkins had passed
5 out?

6 A I think she had told me that he hit his head.

7 Q And was having chest pains?

8 A Yes.

9 Q And as a result of that, they were in the emergency room?

10 A Correct.

11 Q And she told you exactly where they were, correct?

12 A Yeah, Fauquier Hospital.

13 Q Mr. Jenkins has been compliant on release, right?

14 A Correct.

15 Q And although there was a delay on the 12th -- between the
16 12th and the 13th, you -- Mr. Jenkins did send you information
17 regarding his visit to Fauquier Health, correct?

18 A Yes. This is not a violation.

19 Q Right. Okay. That's what I'm getting at.

20 A Yeah.

21 MR. ANDONIAN: Okay. Great. I think that's it.

22 Thank you.

23 THE COURT: Thank you very much. You may step down,
24 Ms. Salazar.

25 I'm sorry, any follow-up?

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1 MS. SMITH: Nothing further from the government, Your
2 Honor.

3 Your Honor, at this time that's all of the live
4 witness testimony we have. I do want to proffer some
5 additional information and enter into evidence some additional
6 exhibits.

7 Initially I would like to proffer at the time of
8 booking that Special Agent Clouser discussed where he was
9 handed off to the United States marshals, Mr. Jenkins was
10 interviewed by U.S. Deputy Marshal Mike Allen. If Ms. Fastenau
11 could pull up Government's Exhibit 5. This is called a USM130,
12 Your Honor. It is a form that is filled out by the marshals
13 when someone is arrested. I would move this into evidence at
14 this time.

15 THE COURT: Any objection?

16 MR. ANDONIAN: No, Your Honor.

17 THE COURT: All right. It will be admitted and
18 placed under seal since it has personal identifying
19 information.

20 (Government Exhibit 5 marked and admitted.)

21 MS. SMITH: And if Deputy Mike Allen would testify,
22 he would state the following, Your Honor: That he interviewed
23 Mr. Jenkins about medical conditions and other important
24 information, and that this information is typically taken from
25 someone when they are booked, and is used to alert the jail of

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1 any items of concern or things they need to be aware of such as
2 medical conditions or suicide risk. As part of the interview,
3 Mr. Jenkins reported multiple health conditions. And it's kind
4 of blurry, but if you see listed that he's diabetic and he has
5 high blood pressure. So he did mention that he had
6 hypertension back on June -- in June of 2023.

7 Additionally, you'll see listed under suicidal
8 tendencies Deputy Allen would testify that Mr. Jenkins made
9 comments that caused concern about possible self-harm or
10 suicide. So that also was noted in the record. And that's the
11 only proffer I have for this record, Your Honor.

12 If I could also proffer for the Court the testimony
13 of Rachel Gaddis. She is the medical unit director of
14 Albemarle County Regional Jail. If Mr. Jenkins were to be
15 incarcerated at any point in this case, he would need to be
16 housed locally at ACRJ, not the one out in Orange County
17 because there are Culpeper inmates there, Your Honor.

18 Rachel Gaddis, if called to testify, would state that
19 the medical unit consists of ten rooms and is part of the jail
20 facility. They also have a nurse in the facility 24 hours a
21 day, seven days a week and a doctor on call at all times. She
22 would testify that the medical unit has cared for people with
23 hypertension in the past; and that they have processes in place
24 for high blood pressure, including the regular monitoring of
25 blood pressure. They also ensure that inmates take any

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1 prescribed medications at the appropriate time as part of their
2 care.

3 THE COURT: So let me ask you one question about
4 that. Generally jails will only prescribe what's on their
5 formulary, and the doctor needs to examine a new inmate or
6 detainee before they'll prescribe anything.

7 Did she give you any information about how long it
8 would take someone such as Mr. Jenkins or any new inmate or
9 detainee before they would be prescribed medication for any
10 particular medical condition?

11 MS. SMITH: We did not specifically discuss that
12 issue, Your Honor. We did discuss if inmates bring medication
13 with them and they are valid prescriptions, that they can then
14 administer those prescriptions pursuant to the prescription as
15 to dosage and the appropriate time. So she said it's helpful
16 when inmates bring with them their medication because they can
17 administer them. She also did mention that if someone comes in
18 with hypertension, their process is to monitor it quite closely
19 for the first three days to kind of get a baseline of what's
20 going on, and that they can then prescribe anything that's
21 appropriate based on that monitoring.

22 She also would finally testify, Your Honor, that if
23 Mr. Jenkins were to be incarcerated, they would provide him the
24 appropriate medical care.

25 I have two additional exhibits, Your Honor,

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1 Government's Exhibit Number 6, which is the pretrial report at
2 ECF Number 2, Ms. Fastenau.

3 THE COURT: That's already on the docket.

4 MS. SMITH: Yes, Your Honor.

5 THE COURT: I'll take judicial notice of that.

6 MS. SMITH: Thank you.

7 If we could, on the third page, I believe, Your
8 Honor, it's listed as page 2, but it's actually page 3 of the
9 document. Under physical health, Mr. Jenkins reported that he
10 had high blood pressure. So again, back in June of last year
11 he was reporting this hypertension as a chronic condition. And
12 I would move -- you took judicial notice. Thank you.

13 THE COURT: I took judicial notice.

14 MS. SMITH: And then finally Government's Exhibit 7,
15 Your Honor, which is the email correspondence between the
16 parties that all of us were a part of. If you could just go to
17 the sent November 13th of 2024 at 9:27.

18 And Your Honor, this is the email discussing
19 Mr. Jenkins being excused from the hearing on that day and
20 about the fact that he had been in touch with the nurse from
21 his doctor's office about 45 minutes ago. So I'd move to admit
22 that into evidence as well, Your Honor.

23 THE COURT: No objection?

24 MR. ANDONIAN: No. I was going to bring this up too.
25 I would also just ask that your response to that email be part

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1 of the record in which you, in fact, excused Mr. Jenkins. I'm
2 happy to provide that.

3 THE COURT: If you want to provide that to make that
4 record complete -- do you all have that?

5 MS. SMITH: I don't think we have it already pulled,
6 Your Honor, but we could look for it.

7 THE COURT: That was on what day?

8 MS. SMITH: It was on November 13th, Your Honor.

9 And that would be the government's evidence.

10 THE COURT: All right. So we've been going a little
11 bit over two hours. I don't know whether the defendant is
12 going to have any evidence. We're going to have some argument,
13 but my thought is that we take about a ten-minute comfort break
14 and come back, and then take any evidence the defendant wishes
15 to put on and then we'll have argument.

16 We'll stand in recess for ten minutes.

17 (Recess.)

18 THE COURT: We are back on the record in the *United*
19 *States of America versus Scott Jenkins*. The government is
20 present by its counsel. The defense is likewise present along
21 with the benefit of counsel.

22 Mr. Andonian, any evidence you wish to offer or
23 proffer?

24 MR. ANDONIAN: I have a proffer. We don't have any
25 evidence. We weren't expecting this issue about the phone call

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1 to Dr. Miller's office on the 13th to be contested. But
2 Mr. Jenkins has a phone record, I mean, in his phone, a call
3 record to Dr. Miller's office from that morning. And --

4 THE COURT: How long was the call? Does it show?

5 MR. ANDONIAN: I'm sure. I mean, at least on my
6 phone you can go and you can --

7 THE COURT: Right. You can see --

8 MR. ANDONIAN: You can see how long the duration of
9 the call was. I guess I would just ask --

10 THE COURT: I guess he probably wasn't allowed to
11 bring his phone in.

12 MR. ANDONIAN: He wasn't allowed to bring his phone
13 in. I mean, if this is really going to be a major sticking
14 point, I guess I would ask that Mr. Jenkins be allowed to show
15 Ms. Salazar the phone log, and she can report back. I just
16 didn't want that to get lost. He's adamant that he called and
17 had a conversation with Michelle, who told him that Dr. Miller
18 was at a cattle -- whatever he said it was. And that's the
19 reason he went to the emergency room, but ultimately didn't go
20 in, is because he was told take your blood pressure a few
21 times, and he did. It was down. He didn't go in. That's it.

22 Other than that, we don't have any evidence.

23 THE COURT: All right. Thank you. Who wants to
24 argue on behalf of the government?

25 MS. SMITH: I will, Your Honor. Thank you.

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1 Your Honor, the government today is asking that
2 Mr. Jenkins's bond be revoked and ask that --

3 THE COURT: But I can't do that, can I?

4 MS. SMITH: You can if we make a motion for it, Your
5 Honor.

6 THE COURT: But it says a motion filed with the
7 district court. There hasn't been a motion. So 3148(b) says
8 the attorney for the government may initiate a proceeding for
9 revocation of an order of release by filing a motion with the
10 district court. And the reason a written motion is required is
11 for notice -- I mean, for the pure reason of notice that a
12 defendant knows when they walk into court what the government
13 is asking for, rather than it coming up as an oral motion. And
14 so that's somewhat anticipated, given all the records that were
15 circulated beforehand, but without a motion, how can I act on
16 that today?

17 MS. SMITH: And I understand that, Your Honor. I
18 think because we had this hearing today with the idea of
19 revisiting bond and revisiting the conditions of bond --

20 THE COURT: I said it's a bond review. It's not a
21 revisit of bond. It's a bond review.

22 So I guess the more global question would be: What
23 is the condition of his release that he has violated?

24 MS. SMITH: Your Honor, quite frankly, I think that
25 Mr. Jenkins has not been candid with the Court. He has not

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1 been candid with his physicians. And he has shown that he will
2 not necessarily show up for court. He was not excused on that
3 first day of trial, November 12th. He took himself to the
4 hospital, was never admitted for any sort of follow-up care or
5 additional monitoring, and he self-excused that day. And then
6 on November 13th, only after representations were made that he
7 was told to go to the ER with certain conditions, was he then
8 excused by the Court. And so I think the government has some
9 significant concerns about Mr. Jenkins's ability to show up for
10 trial. And if the Court is unable to consider a motion to
11 revoke his bond at this time, I would ask that I at least be
12 able to make arguments as to why we believe that's appropriate.
13 We can file a motion today. We are not asking for his bond to
14 be revoked today, but when we were in court last week Your
15 Honor had mentioned the possibility of him being incarcerated
16 the week before trial in the medical unit to confirm that he
17 would show up for trial and be properly monitoring his medical
18 conditions.

19 THE COURT: But I've got to find that -- if I was to
20 do that, I've got to find by clear and convincing evidence that
21 he's violated a condition of his bond, right?

22 MS. SMITH: Correct, Your Honor.

23 THE COURT: By clear and convincing evidence that
24 he's violated a condition of bond, and that there are then no
25 conditions that can be set that would reasonably assure his

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1 appearance at trial, right?

2 MS. SMITH: Correct. And Your Honor, I think
3 Mr. Jenkins has shown that he will not necessarily show up for
4 trial. If I may, we have -- what we have before us, Your
5 Honor, is a chronic condition. It is a condition that he
6 self-reported to the FBI agents. He reported it to the
7 marshals, and he reported it to probation when he was -- when
8 he was being --

9 THE COURT: That by all accounts had never been
10 treated medically with any medication management. I mean,
11 there is some reference that maybe he was taking some
12 medication for it. But as of July last year when he went to
13 see Dr. Miller for the first time, he was not on any blood
14 pressure medication. Dr. Miller didn't prescribe any. When he
15 went to see him in August of last year, he was still not on any
16 blood pressure medication. Not compliant with Dr. Miller's
17 recommendations -- no doubt about that -- but those were
18 primarily directed towards his diabetes problem, and was not
19 prescribed any blood pressure medication, nor was he prescribed
20 either time any medication for anxiety, despite the fact that
21 Dr. Miller's records make pretty clear that Mr. Jenkins
22 suffered from stress, right?

23 And so I guess that's my question, is: There is
24 reason to be able to conclude that this may be the first time
25 that Mr. Jenkins is medically managed for blood pressure and

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1 anxiety.

2 MS. SMITH: Your Honor, I think the problem is that
3 we have different -- we have Mr. Jenkins telling different
4 people different things. So back when he was arrested last
5 year, he even said, I've had stroke-level blood pressure for
6 multiple months. I have a pill -- which would suggest that he
7 has been to a doctor and gotten a prescription for that -- to
8 control it.

9 THE COURT: But what were the pills that he brought
10 with him? What were they for?

11 MS. SMITH: He did bring his diabetic medication,
12 Your Honor, and he had a fast-acting blood pressure medication.
13 That was by his own admission.

14 THE COURT: But the only pills he brought with him,
15 according to Special Agent Clouser, were pills to treat his
16 diabetes, correct?

17 MS. SMITH: That is correct. But he mentioned on his
18 person when they first encountered him that he did have this
19 blood pressure medication he could take, and he neglected to
20 take it at that time.

21 THE COURT: But that wasn't identified with respect
22 to anything that he had. I mean, what he said and ultimately
23 what he had were two different things, right?

24 MS. SMITH: Yes, Your Honor.

25 THE COURT: Right. And so what he said ended up not

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1 being exactly right. He may have thought that it was a blood
2 pressure medication, but the only medications that he had were
3 for his diabetes. I think I'm correct about that.

4 MS. SMITH: That's what Special Agent Clouser
5 testified to. But we do have a history of this chronic
6 condition that he then this year does not report to his primary
7 care physician, and then as he also indicated, he never
8 followed up with any of the medication or lifestyle changes
9 that were prescribed to him. He never reported a history of
10 hypertension to either ER doctor. And so, quite frankly, it
11 looks like Mr. Jenkins is picking and choosing who he gives
12 information to because it serves him to go to the emergency
13 room and not report a history of hypertension so that he can
14 blame it on this trial and further delay trial.

15 And I think it's important to remember that this is a
16 continued tactic in this case. Mr. Jenkins delayed getting
17 counsel for multiple months. We had to have five status
18 hearings for him to get counsel. And so I think --

19 THE COURT: Well, there may have been other issues
20 before I was involved in the case that delayed getting the case
21 set for trial, but this is the first time that a medical issue
22 has interfered with the progress of the case; is it not?

23 MS. SMITH: That is true, Your Honor. But I'm not
24 even sure that -- I mean, we have testimony before Your Honor
25 that there was no acute risk of stroke or heart attack, which

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1 is what was relayed to the Court, which was relayed to counsel
2 by Mr. Jenkins. No doctor testified that that's what they told
3 him. We have an ER doctor that said, I've been a medic or
4 involved in emergency medicine for a very long time, and I
5 immediately was concerned about malingering, and he described
6 these exaggerated movements by the defendant. And we also have
7 him checking into the hospital the morning of trial. He was
8 never admitted. They got his blood pressure under control and
9 then no one heard from him all day. It wasn't until defense
10 counsel was pushed by the Court and by the government that we
11 got any information, and that was at 5:30 that evening. He was
12 discharged at 11. He didn't provide documentation. He didn't
13 provide any information about his condition. We were all led
14 to believe that it was because it was such an extreme incident
15 and an extreme episode. Rather, he was told he could just go
16 about his day.

17 THE COURT: But why can't I set conditions short of
18 detention at this point in time that, for example, do a couple
19 of things. Right now, there is not any condition requiring him
20 to follow all doctor's appointments, follow all doctor's
21 orders, take all medication as prescribed. That's kind of
22 easy. But also refer him to a local community services
23 board -- whoever it may be -- or a therapist of his choosing
24 for, one, medication management to assure that he takes his
25 medication as required; and two, for any therapy treatment

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1 counseling, whatever may be recommended at least in the short
2 term for stress, anxiety, whatever it may be. In other words,
3 if the condition -- everyone agreed that if the condition is
4 controlled, no reason not to go forward, right? And even maybe
5 in hindsight the medical records -- I may agree with you is
6 that perhaps we could have proceeded, but we -- we didn't have
7 the benefit of the medical records. We didn't have the benefit
8 of the medical history that we will now have, knowing what the
9 condition is.

10 Why can't I go -- why can't we do something such as
11 that because I don't know how I say I can set conditions of
12 release between now and December the 4th, if I'm doing my math
13 right, but then on December the 4th, there are no conditions
14 that can reasonably assure your appearance. I'm not sure the
15 Bail Reform Act lets me do that.

16 MS. SMITH: Your Honor, I think you are right we need
17 to make sure this condition is controlled. I think the
18 evidence presented today shows that Mr. Jenkins is not able to
19 do that on his own. So if the Court does not believe that him
20 being housed in the medical unit is appropriate at this time,
21 we do think a third party who would oversee the administration
22 of his medication and the monitoring of his blood pressure,
23 along with the therapy and other items that you just discussed,
24 would be appropriate.

25 The government does not believe that a family member

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1 is appropriate for this role. We would ask that he go to his
2 doctor's office and have the doctor watch him or the nurse
3 watch him take his medication, because quite frankly, he's been
4 living with his wife --

5 THE COURT: That means he's got to go every night or
6 every morning or whatever, show up at your doctor's office and
7 watch him take his medication.

8 MS. SMITH: But, Your Honor, he's been living with
9 his wife. It has not been controlled. His brother appeared to
10 be trying to help him in any delay tactics. That would be the
11 government's impression of the evidence. So we have concerns
12 about family members being responsible for making sure he is
13 taking his medication, but we do think some sort of third-party
14 custodian watching him, making sure that he's taking his
15 medication -- and we also have a problem with that home cuff.
16 I mean, Dr. Goodrich discussed the problem that they have
17 sometimes with those home blood pressure monitoring. So if we
18 also need to be monitoring his blood pressure, it seems to me
19 that some sort of visit with a doctor at some point prior to
20 trial could help make sure we have a baseline, and that it is
21 under control and we can proceed as normal.

22 THE COURT: Or you get a blood pressure reading right
23 before trial that requires maybe you shouldn't go forward. Be
24 careful what you ask for.

25 MS. SMITH: I think the doctors testified, though,

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1 that he could have continued on with his day. They gave no
2 instructions to change his daily life. That included coming to
3 court. And I think the only reason we didn't have these
4 medical records last week was because of a delay by the
5 defendant. It appears that everything we received from him
6 could have been printed off that day from his MyChart, and I
7 think that's what was done in many cases. And so the lack of
8 information is not anyone's fault but the defendant's in this
9 case.

10 So Your Honor, if we are at a place where we need to
11 just impose additional conditions, we would ask that he be
12 monitored, and if therapy is appropriate, that he see a
13 therapist to help get any anxiety under control. We would ask
14 that there be a third-party custodian to monitor his medication
15 and to make sure --

16 THE COURT: Who would be the third-party custodian,
17 because I, frankly, have thought about a third-party custodian.
18 I agree with you the brother is not the right person, given the
19 interaction in the ER. But I'm not sure that his wife has
20 shown up at any of the days here at trial. So I'm not sure
21 that that's the right person, either. I don't know the nature
22 of the relationship. I've always been reluctant to make a
23 spouse a third-party custodian because you can change the power
24 dynamics in the relationship and that can be difficult.

25 MS. SMITH: That's why we suggested the doctor for at

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1 least a few days prior to trial to make sure he's taking his
2 medication as directed. Trial starts on a Wednesday. It's in
3 the middle of the week. So he could go to the doctor a few
4 days beforehand to make sure that he is properly taking his
5 medication, especially since it appears these blood pressure
6 medications can be taken and have effect within about an hour.

7 And then the last thing, Your Honor, is we would like
8 to revisit the firearms in the home.

9 THE COURT: I think that the proffer was last week
10 that they are out of the house. I believe that's correct.

11 Is that right, Mr. Andonian? I think the brother has
12 all the firearms.

13 THE DEFENDANT: Yes, sir.

14 MS. SMITH: My understanding is that Mr. Jenkins
15 occasionally does spend time -- and I don't know if he spends
16 the night or is over at that brother's house. So I don't know
17 which brother has the firearms, but we would ask that he be
18 ordered not to possess firearms. And if they're out of the
19 house, that's great.

20 Thank you.

21 THE COURT: Mr. Andonian?

22 MR. ANDONIAN: Yes, Your Honor.

23 Your Honor, I want to answer any questions the Court
24 has, and I don't want to sweep anything under the rug that the
25 Court is thinking about, but I just kind of want to focus in on

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1 the issue at hand.

2 THE COURT: I'll tell you exactly -- I try not to be
3 opaque in these situations because I think it's helpful for
4 counsel on both sides to understand where I am, that the
5 government knows where I am with respect to whether there's
6 been a motion for detention.

7 But I am concerned that it's in the records that he
8 has not always been compliant with the treatment
9 recommendations, especially when they're basic, daily, healthy
10 lifestyle recommendations such as take your medications for
11 diabetes so you don't develop a chronic long-term condition
12 that will destroy your organs and cause early death; lose
13 weight so you don't make yourself potentially subject to
14 cardiovascular problems, and now -- maybe he had high blood
15 pressure in the past, maybe there's some medication in the
16 past, it's not really clear -- but we now know that he's on
17 blood pressure medication. By gosh, take it every single day.
18 We know the short-term and long-term risk of having high blood
19 pressure. And especially if it's an anxiety-driven response
20 that creates the blood pressure problem, take your antianxiety
21 medications that sometimes do take some time to build up in the
22 body. We will have the benefit of four weeks of Fluoxetine,
23 which is a long-acting antianxiety medication. That needs to
24 be monitored to assure that he is doing what he's supposed to
25 do every single day.

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1 MR. ANDONIAN: Fair enough, Your Honor. We have no
2 principled objection to that. I think it's a question of,
3 practically speaking, what makes sense. He has an appointment
4 with Dr. Miller for next Tuesday. He can certainly make
5 another -- he's perfectly willing to make another appointment
6 after that and at any point the Court thinks would be an
7 appropriate benchmark date to follow up that follow-up.

8 He is taking -- I'll just represent he is taking all
9 the medications that he was prescribed. He intends to continue
10 taking the medications he was prescribed. And to the extent
11 that follow-ups with Dr. Miller to ensure that he's on track
12 and that things are working the right way, and dosages don't
13 need to be adjusted, perfectly willing to do that. And we
14 think that would be the appropriate measure to take at this
15 point in time.

16 THE COURT: All right. Very well.

17 Ms. Smith, I'll give you the last word.

18 MS. SMITH: Nothing further, Your Honor, at this
19 point.

20 THE COURT: All right. Mr. Jenkins, if I can get you
21 to stand up, I'd be much obliged, sir.

22 So Mr. Jenkins, I do think it's appropriate to amend
23 your conditions of release. I'm going to remind you of a
24 couple of things that I'm sure Judge Hoppe reminded you of, and
25 that is that violation of your conditions of release can

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1 subject you to being taken into custody and held until this
2 matter is resolved. Commission of a federal, state or local
3 crime can be considered contempt for which you can be
4 separately prosecuted as well.

5 Do you understand all these things?

6 THE DEFENDANT: Yes, sir.

7 THE COURT: So what's very clear to me in looking at
8 the medical records that have been received and the decision
9 that I make is that the medical conditions that you have, your
10 doctors are doing their level best to manage. And they're
11 giving you medications to manage those medical conditions, and
12 medications that traditionally, from what I know about those,
13 are very successful in managing those conditions. But they're
14 dependent upon the patient; and that is that the patient takes
15 the medications on a regular basis, takes them as prescribed,
16 doesn't skip, doesn't double up, doesn't take them early,
17 doesn't take them late, takes them when prescribed. There is a
18 reason why they're prescribed the way they are, and there's a
19 reason why the doses are prescribed the way they are.

20 And so the first condition that I'm going to impose
21 is that you follow all of your doctor's orders, regardless of
22 what that order is and regardless of whether you agree with it.
23 It may be related to diet. It may be related to sleep. It may
24 be related to medication, but you take all -- follow all your
25 doctor's orders, take all medication as prescribed, as well as

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1 the second condition that I'm going to impose. You have an
2 added layer of -- that doctors are dealing with that a lot of
3 patients don't have, and that is that you're going to stand
4 trial for your federal charges. That's a stressful situation.
5 It is going to be a stressful two weeks. It is going to be a
6 stressful time leading up to that. But you don't stand alone
7 for doing that, and there are medications to manage that.

8 There have been two medications that have been
9 prescribed for you. You may only be taking one of them right
10 now, if I'm understanding Dr. Miller correctly, the Lorazepam
11 and the Fluoxetine. I don't know whether you're still taking
12 the Lorazepam because that can sometimes be a short-term
13 medication. Are you still taking that?

14 THE DEFENDANT: Yes, sir.

15 THE COURT: The Lorazepam and the Fluoxetine?

16 THE DEFENDANT: Yes.

17 THE COURT: All right. So still continue to take
18 those. But they're designed to treat your anxiety and they're
19 designed to treat -- they have the added benefit, if you take
20 care of that, that will help deal with any blood pressure
21 issues that do otherwise exist.

22 The third thing that I'm going to do is I'm going to
23 require you to be followed for medication management by the
24 local community services board or other medical professional of
25 your choosing. And that is to assure that you're taking your

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1 medication, that they're managing it. I'm not at this point in
2 time -- and I'm going to tell you why in a second -- going to
3 require you to show up and have someone watch you put a pill in
4 your mouth. You're a grown adult. If you don't do that, I
5 have -- there are consequences of that both medically and
6 legally. And so -- but I want you to be followed.

7 And I also want you to be evaluated by the local
8 community services board or other provider of your choosing for
9 counseling as it relates to management of your stress and
10 anxiety. It may only be in the short term between now and when
11 the trial is, but these are not issues that people deal with
12 easily on their own. And we here sit in the courtroom see
13 people that are dealing with anxiety all the time. And those
14 that deal with it successfully have assistance in that regard,
15 and there is nothing the matter with that. In fact, you should
16 welcome and embrace that, because nobody is an island unto
17 themselves. And so, I want you to be evaluated. We're coming
18 into a short week. And so I want that evaluation to be done no
19 later than Wednesday, December the 4th, or as soon thereafter
20 as it can be set up. Ms. Salazar will help you with all those
21 arrangements, and she'll be able perhaps to be able to cut
22 through to be able to get those appointments. And then follow
23 up any recommendations for that.

24 Next I'm going to require you to provide a medical
25 authorization to probation that will allow Ms. Salazar to reach

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1 out to your providers to obtain medical records and to
2 understand whether you're compliant as well so that she can do
3 that.

4 I'm not going to require you to go be evaluated
5 immediately before trial. We're going to get the medical
6 records following next Tuesday's visit. Ms. Salazar, with the
7 medical authorization, will be able to get those. And if we
8 need to make a change in that, then we'll make a change in
9 that. But based upon what Ms. Salazar testified to, that your
10 having been on the medications prescribed for a week, that
11 you're doing well, I have no doubt we'll be able to attend
12 trial without disruption or interruption at all.

13 With respect to the government's request that you be
14 taken into custody, I'm going to take that under advisement
15 following any written motion that you want to make, but here's
16 what I will do. I have spoken to our marshal and I'm
17 satisfied, based upon the medical records that we have, that if
18 we have a repeat of the events that occurred last week, that I
19 will consider -- I don't know what I'm going to do on any
20 particular day, so I'm not going to tell you that -- but I will
21 consider having the marshal meet you at whatever medical
22 facility you are and then effort you to court that day so that
23 you can be there and that you can then be placed on a medical
24 unit so that you can be managed every single day thereafter as
25 well.

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1 So the additional condition that I'm going to require
2 is that you notify Ms. Salazar immediately if you seek medical
3 treatment outside of any prescribed appointments -- any
4 scheduled appointments, that you notify her of any scheduled
5 appointments. We know about the 26th. If you schedule any
6 others, let us know, and that you notify her immediately. And
7 then she'll notify me and the parties as well, because I don't
8 want to find out from your lawyer at 7:45 on the morning of
9 trial that you're not here.

10 Last week we had 55 citizens that came to court on
11 Monday for this trial. They set aside everything in their
12 daily lives, many of which may have made requests for me to be
13 excused that I denied because I wanted to assure that we had a
14 jury here of a wide cross-section of those in the Western
15 District in the Charlottesville division. We continued the
16 case ultimately until Thursday. Some didn't get the memo and
17 they showed up on Wednesday, but then everyone else showed up
18 on Thursday. They set aside their lives so that they could
19 fulfill their duties that the Constitution asks of them. And
20 perhaps we could have gone forward. Perhaps not. I continued
21 the trial. But I have summonsed in more people for next month
22 because of the fact that it's the holiday season. And I intend
23 to get this trial under way as scheduled and to get it
24 completed as scheduled.

25 And so those are the conditions that I'm additionally

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1 going to impose. Do you understand all of them?

2 THE DEFENDANT: Yes, sir.

3 THE COURT: Are there any conditions that I have
4 imposed that you don't think you can comply with?

5 THE DEFENDANT: No, sir.

6 THE COURT: Any conditions I've imposed that you
7 don't understand?

8 THE DEFENDANT: No, sir.

9 THE COURT: Any questions for me?

10 THE DEFENDANT: No, sir.

11 THE COURT: Okay. Very well. Did I cover
12 everything, Ms. Salazar?

13 PROBATION OFFICER: I just want to make sure that if
14 he is deemed to have mental health counseling that he does it
15 throughout his pretrial supervision, not just during trial,
16 like throughout his entire pretrial supervision time frame.

17 THE COURT: For as long as he is under supervision by
18 the Court.

19 PROBATION OFFICER: Okay.

20 THE COURT: Yes. So -- and that is until your
21 conditions of bond are released, either -- and that is -- that
22 will be at the end of this case -- you are to follow each of
23 these conditions. These conditions won't be released at the
24 conclusion of trial unless you're acquitted on all charges,
25 right, and then the conditions will be released. If you are

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1 convicted on anything and remain under pretrial supervision,
2 you remain under each of these conditions as well.

3 THE DEFENDANT: Yes, sir.

4 THE COURT: Because I don't want the same problem to
5 arise later on if we have to have further proceedings.

6 Do you understand?

7 THE DEFENDANT: Yes, sir.

8 THE COURT: Ms. Smith, anything else?

9 MS. SMITH: The only thing I was going to ask, Your
10 Honor, is for the firearms, has there been a modification
11 officially?

12 THE COURT: Ms. Salazar?

13 PROBATION OFFICER: The only other thing I would ask
14 is if he could check on -- like send me, call me weekly so I
15 can follow up with his appointments and get back to you guys
16 about what he has going on so that we can all be on the same
17 page. That can be a text or a phone call, which we do anyway.

18 THE COURT: Okay. So as it relates to Ms. Salazar's
19 request, I'm going to let her set the time and the date and the
20 schedule for you that's going to work between the two of you
21 all, but check in with her. I think you already have the
22 condition you are to comply and cooperate with your probation
23 officer. But I'll make clear that you are to be in touch with
24 Ms. Salazar, as required by her, and to provide the information
25 updates as required by her.

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1 With respect to firearms, you are not to have any
2 firearms in the household. I understand that they're out of
3 the household and I appreciate that. You are not to possess a
4 firearm while on pretrial release, nor are you to stay
5 overnight in a household that has firearms. So if, for
6 example, you're at your brother's house and you want to spend
7 the night, he can't have firearms. I'm not going to tell you
8 you can't go visit homes -- I'm not going to say, for example,
9 if you go to your brother's for Thanksgiving he's got to remove
10 all his firearms.

11 Do you understand?

12 Does that make sense, Ms. Smith?

13 MS. SMITH: Yes, Your Honor. Thank you.

14 THE COURT: Does that meet the government's request?

15 MS. SMITH: Yes, Your Honor.

16 THE COURT: Any questions about that?

17 THE DEFENDANT: No, sir.

18 THE COURT: Very well. So Ms. Brown is going to
19 write up the amended conditions. She'll go over them with you,
20 have you sign them, and then we'll sign them and make them part
21 of the record.

22 (Off-the-record discussion with the courtroom deputy
23 clerk.)

24 THE COURT: We can just enter an order that amends
25 those conditions, but he'll sign those as well.

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1 Is he going to meet with you this afternoon?

2 PROBATION OFFICER: To get release of information.

3 THE COURT: So afterwards you're going to meet with
4 Ms. Salazar, and the amended conditions will be with her. I'll
5 enter that as an order, but you need to sign that indicates
6 you've received them, read them, and understood them.
7 Understand?

8 THE DEFENDANT: Yes.

9 THE COURT: All right. Very well. We will stand in
10 recess. Thank you.

11 (Proceedings adjourned, 2:09 p.m.)

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C E R T I F I C A T E

I, Lisa M. Blair, RMR/CRR, Official Court Reporter for the United States District Court for the Western District of Virginia, appointed pursuant to the provisions of Title 28, United States Code, Section 753, do hereby certify that the foregoing is a correct transcript of the proceedings reported by me using the stenotype reporting method in conjunction with computer-aided transcription, and that same is a true and correct transcript to the best of my ability and understanding.

I further certify that the transcript fees and format comply with those prescribed by the Court and the Judicial Conference of the United States.

/s/ Lisa M. Blair

Date: December 10, 2024